THE COMMONWEALTH OF MASSACHUSETTS

FORTY-SIXTH ANNUAL REPORT

of the

DEPARTMENT OF PUBLIC HEALTH

July 1, 1959 to June 30, 1960

FORTY-SIXTH ANNUAL REPORT

of the

Mass. DEPARTMENT OF PUBLIC HEALTH

July 1, 1959 to June 30, 1960

[1960]

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

June 30, 1960

Commissioner of Public Health, Alfred L. Frechette, M.D., M.P.H.

PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

ul J. Jakmauh, M.D., 1949-61
rdon M. Fair, B.S., Dr.Ing., 1956-62
lliam H. Griffin, D.M.D., 1945-63
Charles F. Wilinsky, M.D., 1946-64
Raymond L. Mutter, B.S., R.S., 1947-65
Hugh R. Leavell, M.D., Dr.P.H., 1960-66
Florence L. Wall, Secretary

BUREAU OF ADMINISTRATION

vision of Administration	Harry W. Attwood, Director
vision of Health Information	Anthony V. Caramello, M.P.H., Director
vision of Training	Vacant

BUREAU OF HEALTH SERVICES

Robert E. Archibald, M.D., M.P.H., Bureau Chief

vision of Local Health Services	Robert E. Archibald, M.D., M.P.H. Director and Deputy Commissioner
vision of Maternal and Child alth Services	Janice Rafuse, M.D., Director

BUREAU OF HOSPITAL FACILITIES

A. Daniel Rubenstein, M.D., M.P.H., Bureau Chief

vision of Hospital Facilities	A. Daniel Rubenstein, M.D., M.P.H., Director and Deputy Commissioner

BUREAU OF PREVENTIVE DISEASE CONTROL

vision of Cancer and Chronic seases	Edward F. Bowman, M.D., Director
vision of Communicable Diseases	Roy F. Feemster, M.D., Dr.P.H. Director
vision of Venereal Diseases	Nicholas J. Fiumara, M.D., M.P.H., Director
vision of Dental Health	William D. Wellock, D.M.D., M.P.H. Director
vision of Alcoholism	Harold W. Demone, Jr., A.M., Assistant to the Commissioner James B. Moloney, M.D., Director

BUREAU OF ENVIRONMENTAL SANITATION
Worthen H. Taylor, B.S., Bureau Chief

ision of Sanitary Engineering	Worthen H. Taylor, B.S., Director

BUREAU OF CONSUMER PRODUCTS PROTECTION
George A. Michael,B.S., Bureau Chief

ision of Food and Drugs	George A. Michael, B.S., Director and Deputy Commissioner

BUREAU OF TUBERCULOSIS CONTROL
William H. Weidman, M.D., Bureau Chief

ision of Sanatoria and erculosis	William H. Weidman, M.D., Director

INSTITUTE OF LABORATORIES
Johannes Ipsen, M.D., M.P.H., Superintendent

ision of Biologic Laboratories	James A. McComb, D.V.M., Director
ision of Diagnostic oratories	Robert A. MacCready, M.D., Director

istrict Health Officers under Division of Local Health Services

Southeastern District Lakeville State Sanatorium Middleboro	Grace E. Lutman, M.D., Dr.P.H.
Northeastern District North Reading State Sanatorium North Wilmington	Frederick A. Dunham, M.D., M.P.H.
Central District Rutland State Sanatorium Rutland	Arthur E. Burke, M.D., M.P.H.
Western District University of Massachusetts Amherst and 246 North Street, Pittsfield	Walter W. Lee, M.D., M.P.H.

Institutions under Division of Sanatoria and Tuberculosis

eville State Sanatorium	George L. Parker, M.D., Superintendent
th Reading State Sanatorium	Roland R. Cartier, M.D., Superintendent
land State Sanatorium	Paul Dufault, M.D., Superintendent
tfield State Sanatorium	Wilson W. Knowlton, M.D., Superintendent
dville Hospital	Claire W. Twinam, M.D., Superintendent
uel Shattuck Hospital	William H.H.Turville, M.D., Superintendent
sachusetts Hospital School	John J. Carroll, M.D., Superintendent
ksbury Hospital	Thomas Saunders, Superintendent

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Alfred L. Frechette, MD., M.P.H., Chairman

Herewith is submitted the annual report of the Public Health Council for the fiscal year ending June 30, 1960.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. In compliance with the provisions of Chapter 626 of the Acts of 1958, notices of all regular and special meetings were filed with the Commissioner of Administration and Finance and with the Secretary of State.

The July 14, 1959 meeting was held at Lakeville State Sanatorium. In connection with the meeting an inspection tour included the wards for the care of adult patients with crippling and other chronic conditions and the wards for children with spastic and other paralyzing conditions. As Lakeville State Sanatorium was originally planned for the care of tuberculosis patients, the recent admission of crippled and chronic disease patients under legislative authority was found to require new buildings and reconstruction of present facilities, and the Council urged that prompt action be taken by legislative and administrative authorities to rectify the present unsatisfactory conditions. The Southeastern Health District office, located at Lakeville, was also visited and District problems in sanitary engineering, nursing, social work, hospital inspection and other fields discussed with the staff.

The September, 1959 meeting was held at Amherst and included inspections of the Western Health District Office and the Food and Drug Laboratory.

The June, 1960 meeting was also held at Amherst and included visits to the Springfield Health Department and the Springfield Municipal Hospital. This date and locale were arranged so that the Council could be present at the Fiftieth Anniversary of Westfield State Sanatorium, at which Dr. Henry D. Chadwick, first Superintendent of Westfield and State Commissioner of Public Health from 1933 to 1938, now 88 years of age, was guest of honor.

Three special meetings were held during the year, one on July 15, 1959, at which various tidal rivers, salt marshes, shellfish areas and sources of pollution along the Barnstable shore were inspected. At another special meeting on September 15, 1959, the Council visited the Yankee Atomic Electric Company plant at Rowe where the functions of the various physical components of the plant were inspected and specific problems pertaining to the handling, storage, transportation and disposal of radioactive gaseous and/or liquid wastes and used fuel elements were discussed. A third special meeting and field trip was held on June 16, 1960 at Amherst, Ludlow and Springfield.

The Committee on Environmental Sanitation, composed of Dr. Jakmauh, Chairman, Mr. Mutter and the Commissioner, has met regularly during the year prior to the regular Council meetings to study matters of sanitation significance and prepare recommendations for presentation to the full meeting of the Council.

The Committee on Hospital Problems, composed of the medical members of the Council, met three times during the year to consider and advise on general and specific problems connected with the Department's institutions.

General Duties

The regular duties imposed upon the Council by General Laws, Chapter 111, Section 3, and other statutes have been carried out. These include the approval and licensing of hospitals, blood banks, convalescent and nursing homes, rest homes, public medical institutions, city and town infirmaries, dispensaries and dental clinics, and medical schools and laboratories to obtain impounded animals; these approvals are based upon reports of inspections by members of the Department who inspect to ascertain if the facilities comply with the Department's minimum standards for licensure. Other duties include the certification of laboratories which have taken part in the annual evaluation carried on by the Institute of Laboratories and have demonstrated their ability to perform satisfactorily certain tests; approval of professional personnel at State, county and municipal sanatoria; approval of food regulations of local communities; approval of contracts for the production and sale of certified milk; advice to communities and official agencies on sanitary problems of water supply, sewage disposal, nuisances and offensive trades; and approval of out-of-state shellfish dealers which have been approved by their respective state authorities.

Renewal contracts or amendments to existing contracts between Nantucket and Barnstable counties, between the town of Brookline and Norfolk County, between Hampshire and Franklin counties, and between the city of Worcester and the County of Worcester for the care of tuberculosis patients were approved.

Special Matters

At a meeting on August 11, 1960 the Council adopted and forwarded to Governor Furcolo a resolution outlining a program for abatement of the pollution of Mount Hope Bay.

In August, 1959 an eighth bureau was established within the Department entitled the Bureau of Consumer Products Protection, to which the Division of Food and Drugs was transferred. Mr. George A. Michael was designated as Chief of the new bureau.

On September 15, 1960 a new schedule of rates for hospital care and treatment at the Department's institutions was approved, to become

effective January 1, 1960. In November the superintendents of these institutions were authorized to accept a rate lower than the established one from patients unable to pay the full rate but not eligible for public assistance.

The Superintendent of Tewksbury Hospital was authorized on December 8, 1959 to admit to that Hospital unsettled indigent persons without charge to a city or town, such individuals being by law the responsibility of the Commonwealth.

A license issued to a cold storage warehouse was suspended because of extremely unsanitary conditions found upon inspection.

On March 8, 1960 the prices for the sale of surplus biologic products were revised.

In accordance with the provisions of Chapter 611 of the Acts of 1959, a list of qualified persons was submitted to Governor Furcolo to serve as an Advisory Board for the Administration of the Bedding and Upholstered Furniture Law. These persons represented the consumer, the retailer, the supply dealers, the mattress manufacturers, the bedding association, the upholstered furniture manufacturers, and the reupholsterers.

Public Hearings

Public hearings were held by the Council on appeals of a hospital, two nursing homes and two rest homes from the decision of the Department to close them for continued non-compliance with the standards for licensure.

Under authority of General Laws, Chapter 111, Section 3, the Director of the Division of Sanitary Engineering was delegated to conduct public hearings on the acquisition of lands for protection of the public water supplies of Topsfield and Paxton, on the acquisition of land for sewage treatment purposes in Williamstown, and relative to an alleged nuisance caused by the operation of the Lowell municipal dump.

Under similar authority, the Director of the Division of Food and Drugs was authorized to hold a public hearing on the administration and dispensing of harmful drugs.

The information presented at hearings held by Division Directors was presented to subsequent meetings of the Council for action.

Legislative Reports

Reports prepared by the Department were approved by the Council and filed with the Legislature under authority of the following resolves:

Chapter 112 of the Resolves of 1958, relative to a study of the elimination or control of submerged weeds in certain great ponds of the Commonwealth;

Chapter 36 of the Resolves of 1959, relative to an investigation and study relative to equine encephalitis.

Regulations

Following public hearings held in accordance with the State Administrative Procedure Act, new regulations were adopted and previous regulations amended, as follows:

Relative to Plastic Bags and Plastic Film, promulgated under authority of Chapter 501 of the Acts of 1959, approved and adopted on April 12, 1960.

Concerning the Disposal of Containers of Poisonous Substances, promulgated under authority of Chapter 502 of the Acts of 1959, approved and adopted on April 12, 1960.

Relative to Orange Juice Drink and Reconstituted Orange Juice Drink, approved and adopted under authority of General Laws, Chapter 94, Sections 65Q and 192 on November 10, 1959.

Relative to Frozen Desserts, promulgated under General Laws, Chapter 94, Section 65, amended on December 8, 1959.

Regulations to Prevent Pollution of the Atmosphere, made under authority of General Laws, Chapter 111, Sections 5B and 142A, were approved on June 16, 1960 after a public hearing, and submitted to the Governor and Council for approval as required by said Section 142A.

Rules and Regulations relative to the Storage and Distribution of Frozen Foods were promulgated by the Director of Food and Drugs in accordance with Section 73A of Chapter 94 of the General Laws, as amended by Chapter 423 of the Acts of 1959, to become effective August 1, 1960.

Standards of identity and purity for Chlortetracycline to be used in the manufacture of Chlortetracycline Ice were approved on November 10 and December 8, 1959.

Hospital Survey and Construction

The annual revision of the Massachusetts State Plan for the Administration of the Hospital and Medical Facilities Survey and Construction Act was approved by the Council on November 10, 1959.

On February 9, 1960 the Public Health Council approved the policy adopted by the State Advisory Council for the administration of the Hospital and Medical Facilities Survey and Construction Act of admitting state-sponsored chronic disease projects for consideration for Federal grants for construction, feeling that after ten

years of operation the majority of local projects which could become eligible had been approved.

During the fiscal year approval was given to applications from the following hospitals and homes for financial assistance from Federal funds allotted to the Commonwealth by the Surgeon General of the Public Health Service under the Hospital and Medical Facilities Survey and Construction Act; in some instances they represent additional grants given because of increased cost of construction as evidenced by the bids received or because it was found on further investigation that the facility was eligible for additional funds:

Jewish Home for the Aged, West Roxbury
Armenian Nursing Home, Jamaica Plain
Mary Lane Hospital, Ware
Henry Heywood Memorial Hospital, Gardner
Kennedy Memorial Hospital, Boston
Sturdy Memorial Hospital, Attleboro

Norwood Hospital, Norwood
Wesson Memorial Hospital, Springfield
Memorial Hospital, Worcester
Fairlawn Hospital, Worcester
Lowell General Hospital, Lowell
Peter Bent Brigham Hospital, Boston

Massachusetts General Hospital, Boston
Holy Ghost Hospital, Cambridge
Beverly Hospital, Beverly
Pittsfield General Hospital, Pittsfield
Winchester Hospital, Winchester
Benjamin Cable Hospital, Ipswich.

Personnel

In May the term of office of Dr. Conrad Wesselhoeft as a member of the Public Health Council expired and in the minutes of the meeting of May 10, 1960 the Council inscribed its appreciation and thanks to Doctor Wesselhoeft for his faithful service to the Department.

In June, 1960 Dr. Hugh R. Leavell, Professor of Public Health Practice at Harvard School of Public Health, was appointed by Governor Furcolo as a member of the Public Health Council.

On June 30, 1960 the membership of the Public Health Council was as follows:

Alfred L. Frechette, M.D., M.P.H., Chairman
Paul J. Jakmauh, M.D., 1949-61
Gordon M. Fair, B.S., Dr.Ing., 1956-62
William H. Griffin, D.M.D., 1945-63
Charles F. Wilinsky, M.D., 1946-64
Raymond L. Mutter, B.S., R.S., 1947-65
Hugh R. Leavell, M.D., Dr.P.H., 1960-66

Acceptance of Report

At a meeting of the Department on November 8, 1960 the Commissioner presented to the Council a report of the Department of Public Health for the fiscal year 1960, and it was voted that the report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1960.

FORTY-SIXTH ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the forty-sixth annual report of the Department of Public Health for the fiscal year ending June 30, 1960.

BUREAU OF ADMINISTRATION

On the first Monday of each month the Commissioner has met with the Division Directors to discuss Departmental policies and administrative procedures. A half-day meeting for the entire Department staff was held at Lemuel Shattuck Hospital on March 10, 1960.

Weekly conferences were held by the Commissioner with representatives of the Division of Health Information to enable the staff of that Division to keep abreast of significant programs and events in the Department and allied organizations, develop feature articles, and disseminate news affecting the general public.

In compliance with the annual request of the Surgeon General, Governor Furcolo authorized the Commissioner to attend the Annual Conference of State Health Officers with the Surgeon General of the Public Health Service and the Chief of the Children's Bureau in Washington, and the Annual Meeting of the American Public Health Association in Atlantic City.

Boards and Commissions

By various statutes the Commissioner of Public Health is ex officio a member of various boards and commissions, including the Council for the Aging, Advisory Council on Alcoholism, Approving Authority for Colleges and Medical Schools, Approving Authority for Schools for the Training of Medical Laboratory Technologists, Approving Authority for Schools for Training X-ray Technicians, Milk Regulation Board, New England Interstate Water Pollution Control Commission, Rating Board, Commission on Rehabilitation, Water Resources Commission and others. The Commissioner attended personally as many meetings as possible and designated appropriate staff members to attend others, so that he was represented at all meetings of these commissions.

Medical Panels

General Laws, Chapter 32, Section 6, authorizes the Commissioner of Public Health to appoint chairmen of medical panels to review applications from and examine State and municipal employees applying for disability retirement. The chairman of each panel, insofar as is possible, must be a physician skilled in the particular

branch of medicine or surgery upon which the application for disability retirement is based. The other two members of the panel are selected by the applicant and the local retiring authority.

During the year covered by this report, 696 new applications for disability retirement were received and processed. Because of the inability or unwillingness of one or more panel members to serve, 77 of these applications had to be processed twice, 16 were processed three times, and four had to be processed four times, adding considerably to the administrative work involved in the selection of panels.

In addition to medical panels for applicants for disability retirement, widows of firefighters, police officers and certain other employees whose work involves considerable risk may apply for an annuity under General Laws, Chapter 32, Section 89. Upon receipt of such applications the Department designates the third member of a board to determine whether or not the death of said employee was the result of an injury received in the performance of his duty. Annually about 50 such applications are received and processed.

Rating Board

This Board, under authority of General Laws, Chapter 32, Section 26, consists of the State Surgeon, the Commissioner of Public Health, and the Commissioner of Public Safety, whose duty is to interview and examine any member of the State Police applying for disability retirement because of illness or injury received in line of duty. During the fiscal year there was only one such applicant for retirement.

The 1960 White House Conference on Children and Youth

The 1960 White House Conference on Children and Youth was held in Washington March 27 to April 1, 1960. The Massachusetts representation consisted of the Commissioner of Public Health and 78 other delegates, including eleven youths and representatives of professional and lay groups interested in the State's younger citizens. At the Conference the Massachusetts delegation joined with 7,000 delegates from forty-nine other states in discussing the needs of the nation's children and planning a concerted attack on problems affecting their well-being. Members of the Massachusetts delegation have reported on the Conference to a total of 164 groups, representing over 15,000 individuals; also, they have participated in radio and television programs and have authored contributions to journals, organizational bulletins, and various other publications.

Both in preparing for participation in the Washington Conference and, after the Conference, looking to a long-range program for Massachusetts, a Citizens' Committee of approximately 90 lay and professional leaders from all sections of the State was organized; the full-time services of two staff members were

provided by the Massachusetts Department of Public Health; the Governor appointed an Interdepartmental Committee on Children and Youth, chaired by the Commissioner of Public Health; an orientation conference was called by the Governor in February; and working parties of experts concerned with all phases of child life were organized.

Citizens' Participation Foundation

Early in the fiscal year, at the instigation of Mrs. Foster Furcolo, a Citizens' Participation Foundation was formed, the principal objectives of which were (1) to familiarize the general public with the work of the various State institutions, and (2) to raise money for "extras" for patients at these institutions. Subsequently, the following gifts were obtained and distributed to the appropriate institutions: television sets, buses to transport patients to sports and other events, pool tables, juke boxes, knitting needles, and prescription eye glasses.

Massachusetts Health Research Institute, Inc.

This Institute, incorporated on May 21, 1959, was organized, in part, to conduct and finance studies, research and demonstrations in the various fields of public health and medicine in keeping with the purposes and policies of this Department and agencies engaged in health research within the Commonwealth. During the past year the Institute accepted seven projects and one contract totalling approximately $96,000. Individual gifts totalling $385 were received for cancer research at Pondville Hospital.

The administrative staff of the Institute prepared an office manual, a brochure of questions and answers on the Institute and its purposes and objectives for distribution to the institutions of the Department and to other interested individuals and groups, and prepared informational articles for various public health and medical journals and interested groups.

Liaison Committee

In the summer of 1959 the Department and the Harvard School of Public Health, recognizing the value of the good relations that had always existed between them, agreed that there should be some official mechanism which would develop and co-ordinate the continuing relationship between the two institutions. Therefore, a Liaison Committee was established consisting of the Commissioner of Public Health and two other members of the Department, and the Dean and two other members of the School. In January 1960 a full-time Secretary and Liaison Officer joined the staff.

The full Committee has met on several occasions to plan closer co-ordination to enable students of the School of Public Health to participate in and derive benefits from work, observation or research in the State Department of Public Health and to enable the Department to benefit by using the School as a

resource for research and technical assistance. One possible futurecooperative effort considered was a health survey of Hampshire County. The environmental sanitation survey of the town of Bedford has been assisted by the Liaison Officer who is a member of the Technical Advisory Committee to the Citizens' Committee dealing with the project. At the close of the fiscal year it was agreed that this Committee is serving a useful purpose and provides a means whereby leaders of two health organizations may meet informally and discuss any problem in the entire field of public health and related activities, and may be the nucleus of co-ordinative efforts by other organizations.

Regulations

The following rules and regulations have been promulgated by the Department and are still in effect;

Distribution of biologic products
Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products
Adopted 4/12/49; amended 4/15/53

Use of blood or other tissues for purposes of transfusion
Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52; 6/12/56

Cancer clinics and service unit values
Adopted 8/12/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/1/43; 12/14/43; 4/11/44; 1/14/47; 10/18/55

List of diseases dangerous to public health
Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Diseases declared to be dangerous to the public health and reportable
Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Isolation and quarantine requirements of diseases declared to be dangerous to public health
Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48; 8/12/52

Transportation of bodies dead of diseases dangerous to public health
Adopted 7/12/38; amended 8/9/38; 2/14/39

Funerals of persons dead of any disease dangerous to public health
Adopted 8/9/38; amended 5/13/41; 1/11/44

Procurement of impounded animals from animal pounds for purpose of scientific investigation, experiment or instruction, or for the testing of drugs or medicines
Adopted 12/10/57

Cremation
Adopted 12/5/07; amended 10/29/18

Treatment of persons exposed to rabies
Adopted 8/10/37; amended 5/13/41

Approval of bacteriological and serological laboratories
Adopted 9/12/39

Use of a common drinking cup
Adopted 3/22/16

Use and concerning the providing of a common towel
Adopted 12/16/15; amended 3/22/16

Approval of lodging houses
Adopted 7/6/05

Barbering and barber shops
Approved 12/6/49

Cross connections between public water supplies and fire and Industrial water supplies
Adopted 2/9/37; amended 5/12/42; 10/9/51

To prevent pollution or contamination of any or all of the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats
Adopted 8/14/45; amended 10/14/45

Supervision of plumbing
Adopted 6/11/35; amended 8/6/40; 1/10/50; 5/8/56

Minimum standards of fitness for dwellings
Adopted 12/6/49; amended 3/8/55

Operation of plants for the purification of shellfish
Adopted 6/5/28; amended 10/7/41

Enrichment of flour, white bread and rolls
Adopted 11/3/48

Establishing grades of milk
Adopted 5/8/35; amended 11/17/48; 6/12/56

Egg Nog
Adopted 6/12/56

Flavored milk
Adopted 6/12/56

Fortified non-fat milk, half and half, standardized milk
Adopted 7/10/56

Cottage cheese
Adopted 7/10/56

Mayonnaise, mayonnaise dressing, mayonnaise salad dressing, salad dressing, french dressing
Adopted 7/10/56

Fruit butter, fruit jelly, preserves and jams
Adopted 7/10/56

Sale of rabbits intended for food purposes
Adopted 5/14/29

Governing the business of cold storage, made under the provisions of General Laws, Chapter 94, Section 67
Adopted 10/10/33

Sterilization of feathers, down and secondhand materials intended for use in the manufacture of articles of bedding and upholstered furniture
Adopted 11/12/35

Labelling of articles of bedding and upholstered furniture
Adopted 12/10/30; amended 11/12/35

Manufacture and bottling of carbonated non-alcoholic beverages, soda water, mineral and spring water
Adopted 11/12/35; amended 4/7/36

Uncarbonated fruit beverages
Adopted 5/8/56

Business of slaughtering and meat inspection
Adopted 7/9/31; amended 12/10/35; 9/14/43

Poultry slaughterhouses
Adopted 9/14/43; amended 8/6/46

Approval of contracts for the production and distribution of certified milk
Adopted 7/14/36; amended 10/14/36

Frozen desserts and ice cream mix
Adopted 9/11/34; amended 5/8/56;*12/8/59 *6/9/59

Bakeries and bakery products
Adopted 2/14/33; amended 1/10/50

Definition of "pasteurized milk"
Adopted 7/8/41; amended 11/4/41; 6/15/50

Establishments for pasteurization of milk
Adopted 2/12/35; amended 6/15/50; 10/20/53; 6/12/56

Standards and definitions of purity and quality of food
Adopted 2/9/37; amended 5/8/56

Pork products intended to be eaten without cooking
Approved 2/12/24

Dietetic foods
Adopted 5/12/53

Orange juice drink and reconstituted orange juice drink
Adopted 11/10/59

Cacao products
Adopted 8/13/57

Licensing of hospitals and sanatoria
Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50

Licensing of rest homes
Adopted 11/3/48; amended 12/3/57

Licensing of convalescent and boarding homes
Adopted 11/3/48; amended 12/3/57

Dispensary license
Adopted 1/12/19; amended 5/13/19; 5/10/38

Dental clinic license
Adopted 8/10/43

General Rules for Police Station Houses, Lock-ups, Houses of Detention, Jails, Houses of Correction, Prisons and Reformatories
Adopted 1910; amended 4/8/30; 6/15/48

To establish standards for tuberculosis hospitals and sanatoria
Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/39; 5/10/38; 10/21/48

Obtaining state subsidy
Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34

Minimum requirements for tuberculosis dispensaries as defined by the Department of Public Health
Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33

Active tuberculosis and methods of determining it in certifications made by boards of health and physicians
Adopted 12/11/56

Responsibility of superintendent or director of a tuberculosis hospital
Adopted 5/14/57

Minimum requirements for uniform dispensary record system
Adopted 7/14/25

Governing the hospitalization of patients with chronic rheumatism
Adopted 5/8/45

Reporting and control of venereal diseases
Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23; 10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48

Treatment of persons suffering from venereal diseases who are unable to pay for private medical care
Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40; 4/13/48; 11/3/48

Issuance of premarital medical certificates
Adopted 4/11/50

Approved prophylactic remedy for use in the eyes of infants at birth
Adopted 5/12/36

Physical examination of school children
Adopted 3/11/52; amended 8/25/53; 3/9/54; 2/14/56

Plastic bags and plastic film
Adopted 4/12/60

Disposal of containers of poisonous substances
Adopted 4/12/60

Standards of identity and purity for Chlortetracycline to be used in the manufacture of Chlortetracycline Ice
Approved 11/10/59 and 12/8/59

Labelling of receptacles containing Benzol (Benzene), Carbon Tetrachloride and other harmful substances (approved jointly with Department of Labor and Industries)
Adopted 6/12/56

Regulations promulgated by Director of Marine Fisheries
Approved for sanitary requirements 4/13/42; 12/10/57

Legislation

The following legislation of particular interest to public health was passed by the 1959 and 1960 Legislatures, and enacted into law:

Acts of 1959 (July 1 - September 17, 1959)

Chapter

413 - An act relative to payment of claims of cities and towns for the care of tuberculosis cases. This legislation was introduced by the Department to give more flexibility in administering the laws relative to payment of subsidy. It will benefit small communities particularly.

418 - An act abolishing the office of Commissioner on Alcoholism and transferring the powers and duties formerly exercised by said Commissioner to the Department of Public Health. This legislation will integrate the work formerly done by the Commissioner on Alcoholism and the Division of Alcoholism of this Department; it will combine the scientific, educational, and administrative programs with the clinical programs in this field.

422 - An act relative to the adoption or amendment of regulations by the Department of Public Health to prevent pollution or contamination of the atmosphere and the effective date of such regulations. This law will facilitate the adoption of rules and regulations by the Department in the field of atmospheric pollution control by making them effective upon filing with the Secretary of State instead of after printing in fourteen different newspapers of the State.

423 - An act regulating the storage and transportation of frozen food. This law is an important advance in food control. Under it the Director of Food and Drugs is empowered to prepare rules and regulations regarding temperature control, sanitation and other matters.

442 - An act to include the chairman of the Water Resources Commission as a member of the New England Interstate Water Pollution Control Commission and to reduce from four to three the number of commissioners to be appointed by the governor.

446 - An act relative to erecting, altering, providing egresses from and inspecting rest homes and certain buildings used by children's foster care agencies.

457 - An act further defining "agency giving day care to children" as used in the law regulating agencies conducting day nurseries and similar establishments.

462 - An act enabling the use of certain facilities for the care of diseases of the chest. This legislation will permit municipal sanatoria to admit patients with chronic diseases of the chest other than tuberculosis, thus utilizing beds formerly restricted to patients with pulmonary tuberculosis but now not needed for such patients.

468 - An act further defining "milk product" and defining "whey powder."

494 - An act further defining the duties of the Commissioner of Public Health relative to certain institutions under the control of the Department of Public Health. This legislation clarifies the responsibility of the Department for all of its institutions and gives legal authority to conduct out-patient departments at Pondville and Lemuel Shattuck Hospitals.

497 - An act requiring certification to be furnished by an applicant for a license giving day care to children that any building occupied for such purpose has safe means of egress and fire control.

501 - An act authorizing the Department of Public Health to make rules and regulations concerning plastic bags and plastic film and to provide penalties for the violation thereof.

502 - An act authorizing the Department of Public Health to make rules and regulations concerning the disposal or discard of containers of poisonous substances. This act is directed to prevent the disposition of containers which hold poisonous substances; in the past children have ingested poisons from containers discarded in waste barrels. The rules and regulations to be promulgated will require that poisons be emptied from their containers into a sink or disposed of by a suitable process.

522 - An act relative to the enforcement of regulations established under the State Sanitary Code. This act permits local boards of health more responsibility in enforcement of the sanitary code and allows the Department to intervene after a reasonable length of time when the local authorities fail to act.

528 - An act relative to marking, advertising and storing apples.

529 - An act providing that county tuberculosis hospitals may under certain conditions admit persons suffering with chronic diseases as patients. By admitting them to a county hospital, an intermediary type of care will be provided for the constantly growing chronically ill older people who are unsuitable either for the general hospital or the nursing home type of care. The rate of occupancy of some of the county sanatoria has fallen to such proportions that the cost of maintaining an institution for the treatment of a few patients was excessive. This new law will help in maintaining the occupancy rate in county sanatoria. Chapter 529 is permissive, not mandatory.

601 - An act authorizing the Commissioner of Public Health to acquire land in the city of Boston. This legislation permits the Department to purchase or take by eminent domain property in Jamaica Plain now owned by Harvard University, on which the Institute of Laboratories is located. The acquisition of this property would be economically advantageous to the Commonwealth since in order to get a fair return on its property Harvard has indicated that in the future the Department would be required to pay a substantial rent instead of only maintenance costs as at present.

611 - An act relative to the manufacture and sale of bedding, upholstered furniture and related products, and providing for the establishment of a furniture and bedding inspection section. This provides for the proper licensing and regulation of manufacturers and retailers of bedding and upholstered furniture, the proper enforcement of regulations and laws, and control over manufacturers of bedding and upholstered furniture located outside the State.

Resolves of 1959 (July 1 - September 17, 1959)

Chapter

36 - Further continuing the investigation and study by the Department of Public Health relative to equine encephalitis.

42 - Continuing the investigation and study by the Department of Public Health relative to establishing a ward for the treatment of certain persons in the Lemuel Shattuck Hospital.

55 - Providing for an investigation and study by a special commission relative to the use of pesticides and the effects of aerial and ground spraying of insects and crops within the Commonwealth.

56 - Reviving and continuing the special commission established to make an investigation and study relative to the establishment of an atomic energy industrial research center.

61 - Providing for an investigation and study by the Commissioner of Agriculture and the Commissioner of Public Health relative to living and working conditions of certain migrant and temporary laborers.

63 - Reviving and continuing the special commission established for an investigation and study relative to the systems of sewerage and sewage disposal in the North and South Metropolitan Sewerage Districts and the City of Boston, and the water systems in said Districts.

73 - Authorizing the Department of Public Health to make an investigation and study of the matter of abating the stench nuisance in the south end of New Bedford at Cove Road.

77 - Further reviving and continuing and increasing the membership of the special commission established to investigate and study the feasibility of establishing a Southeastern Massachusetts Water District and other subject matters.

89 - Providing for a study by a special unpaid commission relative to health insurance coverage for elderly persons. (The Commissioner of Public Health is named as a member of this commission)

99 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the establishment of an atomic energy industrial research center.

103 - Resolve providing for an investigation and study by a special commission relative to the rules and procedure of the Board of Registration in Medicine in examining applicants for registration, especially graduates of foreign medical schools.

107 - Same subject as Resolve 103.

Acts of 1960 (January 1 - June 30, 1960)

Chapter

3 - An act authorizing municipalities to appropriate money for hearing aids for needy school children. This legislation was introduced by the Department and will alleviate the financial burden on parents of acquiring hearing aids for their children by authorizing their purchase by local communities.

43 - An act regulating the manufacture and sale of cultured milk products. This act limits the production of cultured milk products to licensed pasteurization plants located within the Commonwealth and gives the Department supervision over the production of these perishable items.

45 - An act further defining "milk product" and defining "buttermilk powder." This legislation allows the use of buttermilk powder in frozen desserts under standards established by the Department.

69 - An act providing that certain actions for malpractice, error or mistake be advanced for speedy trial at the request of either party.

172 - An act to further define and clarify the powers of local boards of health relative to enforcing minimum housing standards and other provisions in the State Sanitary Code. This legislation provides more effective action by local boards of health in improving the quality of existing housing, and gives

such boards authority to order demolition or removal of vacant substandard dwellings which have deteriorated beyond the point of economical repair and constitute a health nuisance and safety hazard.

177 - An act further regulating the eligibility of graduates of foreign medical schools to be examined for licenses to practice in the Commonwealth. This act gives graduates of foreign schools who fail their first examination, many times because of difficulty with examinations in English, opportunity for two re-examinations by the National Board of Medical Examiners.

188 - An act authorizing appointment of faculty members of medical colleges and universities to the Board of Registration in Medicine.

200 - An act relative to the enforcement of the law relative to the sale or dispensation of harmful drugs. This legislation clearly delineates the authority of the Department of Public Health and the Board of Pharmacy in the so-called "harmful drug law."

204 - An act further regulating the sale, possession and distribution of narcotic drugs. This act defines the place of incarceration where persons convicted of violating the narcotic drug law may be kept. The need for this legislation was evidenced when members of the judiciary were hesitant as to the place of commitment in view of the extremely severe penalties of the narcotic drug law. A minimal penalty is also provided to give judges greater leeway in handling first offenders.

243 - An act establishing certain minimum penalties for giving false weight or measure.

244 - An act providing that certain packages of food sold at retail shall bear a statement as to price per pound and total sales price.

274 - An act relative to opening certain board or committee meetings to the public.

304 - An act relative to flying the flag of the Commonwealth at half-staff on State-owned or State-controlled buildings and on State installations. This legislation enumerates the occasions and the periods of time during which the State flag shall be flown at half-staff.

324 - An act providing that evidence properly attested to that certain provisions have been complied with shall be prima facie evidence that an effective determination has been made. This applies to the presentation of evidence in cases of prosecution of persons for violation of the shellfish laws.

367 - An act providing that certain graduates of foreign medical schools may be examined for registration as physicians without taking the screening examination conducted by the National Board of Medical Examiners.

423 - An act authorizing the Department of Public Health to eliminate submerged weeds in Lake Quinsigamond and its tributaries. At certain times of the year these weeds have caused severe nuisance conditions and have interfered with fishing, boating and swimming, and during warm months an odor nuisance has prevailed in the area due to decomposition of the weeds. This project by the Department will not only provide relief from the nuisance but will greatly augment our present knowledge of control chemicals and methods of application.

444 - An act requiring the humane slaughtering of livestock.

455 - An act relative to the purchase and other acquisition of certain narcotic preparations and the penalties therefor. This legislation was introduced to modify a section of Chapter 210 of the Acts of 1959.

482 - An act establishing an advisory council to consult with the Department of Public Health relative to the Hospital Survey and Construction Act of the Federal Government. This council will consist of the Commissioners of Public Health, Mental Health and Public Welfare, ex officios, and twelve persons to be appointed by the governor who shall be representatives of agencies concerned with the operation, construction or utilization of hospitals.

483 - An act providing that persons granted a certificate of limited registration entitling them to practice medicine in a certain hospital or institution may also practice medicine in affiliated hospitals.

518 - An act authorizing the transfer of a certain parcel of park land in the city of New Bedford from the Board of Park Commissioners to the Board of Health of said city for a health center.

<u>Resolves of 1960</u> (January 1 - June 30, 1960)

12 - Further continuing the investigation and study by the Department of Public Health relative to equine encephalitis. This study was recommended by the Department in a report made under authority of Chapter 36 of the Resolves of 1959. Under the continuing resolve the Department will attempt to obtain evidence of infection in migratory birds during their northward passage. The information obtained will be valuable in the development of a future program for the control of equine encephalitis.

27 - Providing for an investigation and study by the Department of Public Health relative to the control of the nuisance caused by "fish flies" or "may flies" in the Narrows area of Fall River and Westport adjacent to the Watuppa Ponds.

40 - Providing for an investigation and study by a special commission relative to encouraging the citizens of the Commonwealth in constructing appropriate shelters against the dangers of radioactive fallout. This resolve establishes a special commission consisting of various administrative, legal and public safety personnel, but not including public health, to study proposals to encourage the citizenry to protect themselves against the dangers of thermonuclear warfare.

43 - Reviving and continuing the special unpaid commission established to make a study relative to the laws relating to convalescent or nursing homes, and to the standards and costs thereof.

44 - Providing for an investigation and study by a special commission relative to the care and treatment of the chronically ill, the aged and the infirm in the Commonwealth. The Commissioners of Mental Health, Public Health, Public Welfare, and Rehabilitation, the Chairman of the Council for the Aging, and other persons comprise this special commission.

53 - Authorizing the Department of Public Health to make a study and investigation of the waters of the Merrimack River in the area of the city of Lowell.

59 - Increasing the scope of the special commission established to make a study relative to the laws relating to convalescent or nursing homes, and to the standards and costs thereof.

As the 1960 Legislature was still in session on June 30, 1960, it is expected that additional laws concerning public health and conferring new responsibilities upon the Department, and additional resolves providing for special investigations and studies will be enacted early in the 1961 fiscal year.

Recommendations for 1960 Legislation

Following is the legislation to be submitted by the Department to the 1961 session of the General Court:

1. AN ACT REORGANIZING THE DEPARTMENT OF PUBLIC HEALTH. Chapter 17 was inserted in the General Laws in 1914, creating a Department of Public Health to supersede the former State Board of Health. From time to time in the ensuing forty-six years, amendments have been made as the field of public health broadened but the basic administrative structure has not been changed.

The Public Health Council has been handicapped in recent years by the necessity under an annually increasing number of statutes of giving time-consuming consideration to many routine matters when their primary function should be determining the various policies of the Department, the holding of hearings and the promulgation of regulations for the protection of the public health throughout the Commonwealth.

The proposed legislation will clarify the authority of the Commissioner and Public Health Council under Chapter 17, in line with present day concepts of public health administration. It will remove the Commissioner as a member of the Public Health Council, thus eliminating the duality of roles of being both the administrator of the Department and advisor to himself. It will permit the Public Health Council, upon the recommendation of the Commissioner, to establish a simplified administrative organization of the Department. Bureau chiefs who will be designated deputy commissioners will be responsible for the administration of a group of divisions or hospitals.

The term of office of the Commissioner is changed to six years to conform to that of the Commissioner of Mental Health. Also, in the appointment of the Commissioner, use is made of the Public Health Council as a recommending body.

This legislation is of basic importance to the proper development of the health programs of the Commonwealth in the years ahead.

2. AN ACT PROVIDING FOR REORGANIZATION OF TUBERCULOSIS CARE, TREATMENT, AND CONTROL IN THE COMMONWEALTH. This proposed legislation provides for dealing with tuberculosis on a state-wide basis, setting up, as of June 30, 1962 or January 1, 1963, depending on legislative action, a system of regional tuberculosis hospitals which can be adjusted in size and distribution as the need for hospitalization changes; a delayed-enactment method during which time the necessary change-over can be made for the program; and authorization for sanatoria not included in regional plan to convert to chronic disease hospitals, homes for aging, etc.

The plan authorizes the State to assume responsibility for providing tuberculosis care, either in the Department's hospitals or in other public or private institutions. In order to do so, the State would charge cities and towns directly only for patients who

are actually receiving care. The rate would be established at approximately one-half actual per diem cost; the remainder of per diem cost would be assumed by the State. Settlement requirement would be removed and municipalities would be charged for all patients who are residents of the city or town. To afford relief from possible inequities for some cities and towns under the "residency" method, a special category of "chronically non-resident persons" who are special problems for tuberculosis disease control will be established and the State will take full financial responsibility for such persons. Municipalities would still be allowed to recover some part ($10.50 per week as it is now) of the cost of care of residents from patients or their families providing they are not medically indigent.

The Department of Public Health will provide tuberculosis care in either State or locally operated hospitals. Where the hospitals are county or city institutions, the Department will make contracts with the hospital trustees or county commissioners to provide care. Yearly contracts will provide for payment directly to the hospitals by the State based on a reasonable rate set for the hospital, reflecting per diem costs. The State will set up the regions to be served by each hospital and will centrally supervise patient admissions.

Authorization is made for the transfer of any of the county or municipal tuberculosis hospitals to the State with provisions for transfer of personnel. The county institutions would be reorganized as direct county responsibilities and the "hospital districts" as now constituted would be abolished. All cities and towns in the counties would be responsible for the maintenance of the county hospitals, and the net cost of operations (above what is obtained from the State under the contracts, if costs remain) shall be apportioned as a part of the regular county tax on the municipalities, based on valuation.

The bill also contains authorization for the expansion and reorganization of out-patient and diagnostic facilities in the State. An added 5 per cent of actual hospital per diem costs will be added to the per diem rate charged cities and towns for resident patients as a means of partial financial support for this expanded program.

3. AN ACT INCREASING THE SCOPE OF INDEMNIFICATION OF STATE EMPLOYEES BEYOND THE HOSPITAL GROUNDS. The nurses and physicians employed by the Division of Sanatoria and Tuberculosis are required to perform the tuberculin test in the course of their duties. This involves the use of syringe and needle. The National League for Nursing has made a statement that when nurses are used for tuberculin testing they should be assured of legal protection in the case of any liability incurred. The physician is also legally responsible for the carrying out of his order by the nurses under his supervision. Protection already exists for workers within hospital grounds. The proposed legislation would protect employees in the performance of their duties off hospital grounds.

4. AN ACT FOR THE INDEMNIFICATION OF STATE OFFICERS, EMPLOYEES AND AGENTS IN CONNECTION WITH ACTIONS ARISING OUT OF THEIR USE OF OR

ACTIONS CONCERNING HAZARDOUS MATERIALS AND SOURCES OF IONIZING RADIATION. State employees are now required as part of their regular duties to handle hazardous materials and operate sources of ionizing radiation. Undoubtedly, a substantial number of employees will be so engaged in the future. The possibility of claims being entered against the employee (since the sovereign is immune from suit) by individuals claiming damage arising from acts of such employees, or from the radiation they control, cannot be ignored.

The Commonwealth has an obligation to protect its officers, employees or agents so long as they are properly carrying out their assigned duties. This obligation is recognized by Section 3B of Chapter 12, authorizing the Attorney General to defend and settle claims against State employees operating State vehicles. The proposed Section 3E of Chapter 12 would provide a similar provision in the case of radiation damage; proper steps to have its provisions enacted into law are urged. The proposed act covers all hazardous materials; it is felt that if ionizing radiation warrants this treatment, so do all other materials or applications which might result in litigation involving State employees. In the interest of efficient legislation, the proposed bill was drafted so as to include all hazardous materials.

5. AN ACT TO PREVENT THE POLLUTION OF SOURCES OF PUBLIC WATER SUPPLY. Under present conditions, activities or structures presenting serious pollution hazards may be instituted near a public water supply source and no corrective action can be taken by the Department until after the pollution has occurred. Passage of this bill would protect the health of all water consumers and of the users of semi-public water supplies not authorized by legislation, since Section 159 of Chapter 111 states that the Department shall have oversight and care of all inland waters ..... and underground waters used by ..... any person in the Commonwealth.

It is the opinion of the Department that the existing Section 160 needs clarification in that, in the absence of rules and regulations, there may be some question as to the authority of the Department to issue orders. It is not considered feasible to adopt rules and regulations to prevent the pollution of underground sources of water supply because of the large number of such sources and the varying topographical and subsurface conditions surrounding them.

6. AN ACT AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO REQUIRE THE INSTALLATION AND OPERATION OF WORKS TO PRODUCE AND DELIVER A SAFE WATER SUPPLY. There are no laws authorizing this department to require the installation and operation of works to produce and deliver a safe water supply. There are communities in the Commonwealth served by water supplies from surface sources which do not provide chlorinating or filtration facilities despite advice of this department. Persons traveling from one community to another are entitled to a safe public water supply wherever they may wish to drink and thus the Department should be empowered to require such forms of treatment as will provide a safe source of water supply.

7. AN ACT FURTHER REGULATING LICENSING OF CAMPS, MOTELS AND TRAILER COACH PARKS. The purpose of this legislation is to require a person who proposes to construct a recreational camp, overnight camp or cabin or motel to obtain a license, which is conditional upon construction in accordance with plans approved by this Department. Such conditional license and departmental approval of plans now is required of those who propose to construct a trailer coach park.

At the present time, the Department approves plans showing the structures, fixtures and facilities to be provided for trailer coach parks prior to construction. This is not the case where a recreational camp, overnight camp or cabin or motel is to be built. The Department frequently is called upon to approve inadequate facilities after construction is completed, with additional expense to the licensee to comply with the requirements of the Department. The proposed law will require departmental approval of plans prior to construction and permit the licensee to make such necessary changes prior to construction.

The proposed law for recreational camps, overnight camps or cabins and motels would work precisely as the present trailer coach park law works. A person planning to construct a recreational camp, overnight camp or cabin or motel would file with the local board of health a plan showing the structures, fixtures and facilities to be provided. The board would submit the plan to the Department which, after review, would require such changes as it deems necessary. After departmental approval has been obtained, the board of health then grants a conditional license to the applicant.

8. AN ACT REPEALING THE PROVISIONS OF LAW REQUIRING PUBLICATION OR POSTING OF RULES AND REGULATIONS OF THE DEPARTMENT OF PUBLIC HEALTH RELATIVE TO PROTECTION OF WATER SUPPLIES. General Laws, Chapter 111, Section 161, provides for the publication or posting of rules and regulations made under the provisions of Sections 160 and 162. The rules and regulations of the Department relative to the protection of public water supplies and to cross connections are made under the provisions of Section 160 of Chapter 111; to comply with the provisions of Section 161, they must be published in a newspaper in each community where they are to become effective, or if no newspaper exists in that town, posted in a public place. A copy of the notice must be recorded with the Town Clerk.

Since there are approximately 306 public water supply systems in Massachusetts it is evident that rules and regulations must be published or posted in many areas, placing an undue burden upon the finances and time of the Department. This is particularly important at this time when the Department proposes to adopt new rules and regulations for preventing the pollution and securing the sanitary protection of certain waters used as sources of public water supplies. These rules and regulations would be uniform in character and would cover all surface sources with the exception of those obtained from the Merrimack River, the Concord River, the Ipswich River and Long Pond in Lakeville and Freetown.

The proposed act would delete Section 161 from Chapter 111 of the General Laws and rules and regulations made by the Department pertaining to water supply would be adopted in the same manner and become effective as other rules and regulations adopted under the Administrative Practice Act.

9. AN ACT RELATIVE TO ADOPTION OF RULES AND REGULATIONS BY THE DEPARTMENT OF PUBLIC HEALTH FOR THE PROTECTION OF HEALTH, SAFETY, COMFORT AND CONVENIENCE. The Department, under the provisions of Section 5 of Chapter 111 of the General Laws, may adopt public health regulations to be known as the State Sanitary Code. The Code deals with matters affecting the health and well being of the public in the Commonwealth in subjects over which the Department takes cognizance and responsibility. However, it is further stated, local boards of health shall enforce said code in the same manner in which local health rules and regulations are enforced but if any local board fails after the lapse of a reasonable length of time to enforce the same the Department may in like manner enforce said code against any violator. Thus the initial responsibility for enforcement rests with the local board of health in any matter contained in the Sanitary Code.

There are certain fields in which the initial responsibility should rest with the State Department of Public Health, particularly in the fields of public water supply, water pollution control, radiological health, atmospheric pollution, etc.

When the State Sanitary Code was first envisioned it was in the minds of those who drafted this legislation and probably in the minds of legislators who enacted the legislation that rules and regulations could be adopted in which prime responsibility for enforcement would rest with the State Department of Public Health. Evidence to this effect is contained in Chapter 678 of the Acts of 1957 which originally authorized the adoption of a Sanitary Code in language which still persists, "Pending the establishment of the Sanitary Code provided for under Section 5 of Chapter 111 of the General Laws as amended by Section 1 of this Act (Chapter 678, Acts of 1957) the rules and regulations to prevent pollution or contamination of any or all of the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats, prescribed and established by the Department of Public Health on August 14, 1945, and approved by the Governor and Council on September 19, 1945, shall continue in full force and effect." The responsibility for the enforcement of these rules and regulations rests entirely with the Department of Public Health or such other agency as the Department may authorize to enforce the same. However, the validity of such rules and regulations is somewhat in question as the Sanitary Code has been established in certain fields.

Authorization to adopt rules and regulations of a general nature such as would be provided by the proposed Act is much needed to cover fields in which the Department takes full cognizance and primary jurisdiction.

10. AN ACT CHANGING THE TIME LIMIT IN CONNECTION WITH REQUESTS FOR FINANCIAL ASSISTANCE FOR PREMATURE INFANTS. Under present law no expense for hospital care of a premature infant is reimbursable unless written notice is sent to the local board of health within ten days of birth. Parents are not always advised by the hospital that such a program is available; therefore, a thirty day limit for notification appears reasonable in order that otherwise eligible infants may receive help.

Notification given by the town of residence to the town of settlement can likewise be extended from a sixty day limit to within a ninety day period. In some instances, in order to establish settlement several towns of past residence may have to be notified and records verified. It is not always possible to complete this investigation within the sixty day time limit.

11. AN ACT PROVIDING FOR THE REPORTING OF BIRTH WEIGHT OF INFANTS TO LOCAL BOARDS OF HEALTH. It is proposed that after the word "color", the words "birth weight" be inserted. This information has been required on the birth certificate since 1957 but is not included in the list of items mentioned in Paragraph 2 of the present law; therefore, town clerks do not include this information in the daily list to the boards of health. Birth weight is an important factor in any study of infant deaths.

12. AN ACT DEFINING "COWS' MILK" AND INCLUDING "GOATS' MILK" IN THE DEFINITION FOR MILK. As a result of the request of the Medical Milk Commission for the certification of goat milk farms, it is found necessary to amend the General Laws to include goats' milk in a definition of milk.

13. AN ACT REGULATING THE SALE AND DELIVERY OF CERTAIN DEVICES INTENDED FOR THE GENERAL TREATMENT OF DISEASE. It has been called to the Department's attention that although much attention has been given to the standardization of medicinal products, no attention has been given to such items as devices and surgical implants. This group of materials includes various metallic substances that may be inserted into the human body for structural support and for the general treatment of disease.

Since much evidence has developed during recent years indicating the need for standardizing and controlling the sale of such items, this legislation is being filed by the Department.

BUDGET 1959 - 1960
DEPARTMENT - MAINTENANCE

SCAL AR	TOTAL BUDGET	PER CAPITA	TOTAL STATE	PER CAPITA	TOTAL FEDERAL	PER CAPITA
60	$ 8,352,937.	$1.67	$ 4,760,068.	$ .95	$3,592,869.	$ .72

INSTITUTIONS - MAINTENANCE

Fiscal Year	State Funds	Per Capita
1960	$14,423,790.	$2.88

GRAND TOTAL - DEPARTMENT AND INSTITUTIONS

SCAL AR	TOTAL BUDGET	PER CAPITA	TOTAL STATE	PER CAPITA	TOTAL FEDERAL	PER CAPITA
60	$22,776,727.	$4.55	$19,183,858.	$3.83	$3,592,869.	$ .72

DEPARTMENT EXPENDITURES 1959 - 1960

	TOTAL	STATE	FEDERAL & PRIVATE
missioner's Salary	$ 16,000.00	$ 16,000.00	--------
inistration	434,096.84	200,109.15	233,987.69
hite House Conference n Children & Youth	8,380.35	---------	8,380.35
ining & Research	301,935.65	---------	301,935.65
ironmental Sanitation	889,986.06	807,748.00	82,238.06
Special Projects	667.89	667.89	--------0
Water Pollution	81,669.19	9,780.00	71,889.19
Membrane Filter Technic Research at Lawrence	18,060.03	--------	18,060.03
ventive Disease Control	1,618,174.61	1,434,344.59	183,730.02
lth Services	1,066,221.76	635,899.12	430,322.64
pital Facilities	158,295.23	137,953.00	20,342.23
erculosis Control	259,303.71	177,384.22	81,919.49
Reimbursement to Cities & Towns for T. B. Patients	270,530.56	270,530.56	
titute of Laboratories	708,779.14	700,584.43	8,194.71
nts - In - Aid	7,700.00	----------	7,700.00
TOTALS	$ 5,839,801.02	$4,391,100.96	$1,448,700.06

Division of Training and Research

Relationships with official and voluntary health agencies throughout the Commonwealth continued their steady growth during the period of this report. In addition to ongoing collaboration with the Joint Liaison Committee, consisting of representatives of the United Community Services of Metropolitan Boston, the Metropolitan Boston Health Officers Association and the Massachusetts Department of Public Health, several short courses were conducted which were attended by personnel of both official and voluntary agencies.

Following completion of a course on Local Public Health Administration a similar course was requested by a group of health agents and sanitarians in the western district. This course was conducted during October, November and December, 1959 at Amherst. Although designed primarily for agents and sanitarians, it was attended by representatives of several other public health disciplines, such as nurses from official and voluntary agencies and the directors of tuberculosis associations. Of the 36 enrollees, 30 were awarded certificates for attendance at eight of the ten sessions.

In early 1959 the Southeastern Association of Boards of Health requested that a short course on Administration for Local Boards of Health be organized specifically for members of these boards. This six-session course was conducted in Avon during March, April and May, 1960. While designed for board members, it was attended by health agents, sanitarians, nurses, both official and voluntary board of health physicians, clerks, laboratory personnel, individuals from tuberculosis associations and members of the Department of Public Health. Of the 137 enrollees, 106 attended the four sessions required for a certificate of satisfactory completion of the course. The average attendance was 98.

In response to a request from the Central Massachusetts Associated Boards of Health, plans are now being completed to conduct a similar six-session course in the Central District during October, November and December of this year.

During May 1960, two-day courses on Swimming Pool Sanitation were conducted at Hyannis, Newton and Amherst. These were attended by 240 public health personnel, building and plumbing inspectors, owners and operators of swimming pools and members of the swimming pool industry from 23 per cent of the communities in the Commonwealth. Plans are being made to repeat these courses in early 1961 in response to many requests.

A three-day course on Insect and Rodent Control will be conducted during the latter part of October at the Waltham Field Station of the University of Massachusetts. This course is intended for personnel of the several mosquito control projects of the state as well as general public health personnel. Cooperating with the organization of this course are the Public Health Service, Superintendents of Mosquito Control Projects and the Massachusetts Association of Sanitarians.

Two orientation programs were conducted for recently employed professional personnel of the Department and were attended by 45 persons. Orientation programs are being planned for clerical personnel during the coming fall and winter. Two telephone usage courses, conducted by the telephone company were offered this latter group during the past year with an attendance of 53. A seminar on language as communication was presented to departmental personnel. First aid courses were conducted for the staffs of the Northeastern and Southeastern Districts. One of the sessions was devoted to maintenance of automobiles, technical assistance being provided by the Ford Motor Company. Similar courses are being planned for staffs of the Central and Western Districts and for personnel of the Department assigned to the State House during the coming year.

During 1959-1960, full-time academic training was provided for 14 persons. In addition, 9 individuals received part-time academic training through the Department. These included physicians, nurses, medical social workers, EKG technicians and a sanitary engineer.

Field training was provided for 2 sanitarians, 5 medical social students and 16 nurses. Short courses in obstetrics, aural and oral rehabilitation, school health education, maternity nursing, day care agencies, nutrition, sociology, public health nursing, maternal and child health, chronic disease control, preventive dentistry, radiological health, atmospheric sampling, care of premature infants, human relations, guidance of retarded children, physical therapy, teaching the deaf and blind, and civil defense, were carried out in various areas.

Visitors from five foreign countries arrived at the Department and were scheduled for observation, orientation, field trips, etc., in accordance with their special interests.

Division of Health Information

"Commonhealth" continued to be published bi-monthly, featuring the following issues:

1959:	
July-August	Public Health in Civil Defense
September-October	Public Health and Veterinary Medicine
November-December	Alcoholism
1960:	
January-February	Tewksbury Hospital
March-April	Drug Addiction Treatment Program
May-June	Westfield Sanatorium, 50th Anniversary.

Feature articles in "This Week in Public Health" included:

Citizens Participation Foundation Established to Aid Patients in State Institutions

Commissioner on Alcoholism's Office Merged with Department of Public Health

Rehabilitation Center for Drug Addicts Advocated
Division of Food and Drugs Transferred to Bureau of Consumer Products Protection
Admission of Chronic Disease Patients to County Sanatoria
Institute on Local Public Health Administration
Health Research Institute Gets under Way
Massive Cancer Protection Survey
International Survey of Alcoholism Problem holds Promise for Bay State
Liaison between Department and Harvard School of Public Health
Pilot Program of Drug Addiction Treatment Proposed
White House Conference on Children and Youth
Education Preparation of Public Health Nurses
Community Leadership in Public Health
Crime Background of Chronic Drunkenness
Polio Vaccination Programs urged on Boards of Health and Physicians.

A total of 165 news releases were prepared and distributed to all newspapers and broadcast facilities in the State. Foreign newspaper publicity was obtained by releases and photos pertaining to Department visitors from other countries. The film service was completely revamped and an up-to-date film catalog prepared. Notable in safety education was the showing of the new rescue-breathing film to scores of audiences throughout the State, including district medical societies, nursing associations and police units.

A revised Handbook for Physicians was compiled, published and mailed to all Massachusetts physicians.

The library cataloguing system has been brought up to date so that every book and pamphlet in the Department's library is now catalogued by subject, author and title. Annual reports were received from 350 Massachusetts cities and towns, from other states, and from many hospitals, were catalogued and filed.

The efficiency of the production unit has been greatly increased with the acquisition of additional space adjacent to the supply room, thus eliminating waste time and motion necessitated in the former scattered unit. New exhibits on nutrition, air pollution, tuberculosis, alcoholism, Massachusetts Committee on Children and Youth, and the Western District Health Office were designed and constructed.

In the photography unit, 1178 negatives on various public health activities were processed, from which 896 contact prints and 1089 enlargements were made.

BUREAU OF HEALTH SERVICES

Division of Local Health Services

During the year demonstration programs in home medical care were instituted in three local health departments (Cambridge, Newton and Pittsfield) with State assistance. In each of these programs a coordinator was employed to see that services requested by a physician on behalf of his home patients are provided; financial responsibility rests with the patient or other agency, such as the Welfare Department. It is hoped that these demonstrations will create an awareness and appreciation of the value of available medical social workers, physiotherapists, occupational therapists, nutritionists and laboratory technicians in addition to the traditional public health nursing care which has been given in the past to patients in the home.

Work has continued in studying and analyzing data in regard to accidents. The accident prevention programs in Nashoba and Worcester were reviewed. Three particular problems arose during the year in this field: the hazard of asphyxiation from space heaters, the hazard to infants and children of suffocation from plastic bags, and lead poisoning.

Six meetings of the District Health Officers were held during the year; the Commissioner addressed each meeting on topics of current interest and future interest to public health.

During the year the staff of this Division cooperated with the Metropolitan Boston Health Officers Association and the United Community Services in preparing a set of minimum standards of performance for local boards of health. These standards will undoubtedly assist boards of health in applying the provisions of the Sanitary Code when adopted.

Public Health Nursing Section

The annual Maternity Nursing Institute conducted by the Department and Boston Lying-In Hospital was held under the sponsorship of the American College of Obstetricians and Gynecologists of Region I. Approximately 400 nurses from the region attended -- 100 from Massachusetts. Other institutes and workshops planned by the Public Health Nursing Section with other agencies or divisions of the Department were a Cancer Institute at Pondville Hospital, a Chronic Disease Nursing Institute at Lemuel Shattuck Hospital, an Institute for Civil Defense Nursing Instructors, and the third conference in a series on Interpersonal Relations in School Nursing.

Greater cooperation has prevailed between the Nursing Sections of the Department of Public Health and the Department of Mental Health in providing needed knowledge about mental hospital facilities and the care provided by them.

Arrangements were made for 44 nursing students (baccalaureate and master) to be placed for field instruction and observation at Barnstable County Health Department, Cambridge Health Department, Nashoba Associated Boards of Health, Northeastern District Health Office, Quincy Health Department, and in specialties of the Department's hospitals.

An increasing number of requests have been received from local communities for the Department's nurses to provide nursing consultation and guidance to public health nurses and their employing agencies.

Nutrition Section

Several new undertakings were started and a number of others were enlarged or improved this year. In Pittsfield the first community food habit survey attempted by any Massachusetts city was instituted. Hundreds of people in many walks of life, from third graders to senior citizens, recorded all foods eaten in a twenty-four hour period. Findings have been presented and plans made for continuing nutrition education and follow-up. It is hoped that community interest and cooperation will continue and that a progress report may be presented in 1961.

Two meetings for Department staff were held on nutrition topics of common interest. One resulted in the production of a periodic "Nutrition Newsletter" for public health nurses, attention being focused on new knowledge of metabolic errors in infants. As a result of a meeting of nurses, hospital inspectors, physical therapists and social workers on the subject of Nutrition in Rehabilitation a new leaflet entitled "Feeding the Patient Who is Unable to Feed Himself" is being prepared for families, nursing homes and hospitals facing this problem.

Increased emphasis was placed this year on improved meals and food services in institutions of all kinds, including nursing and rest homes, small hospitals and children's homes. This was accomplished through meetings for food service directors, proprietors and cooks, by personal visits, and preparation of needed education materials.

Nutrition education activities in schools included food habit surveys of large numbers of school children. From the sixth grade up, inadequate breakfasts are an increasing problem, and the intake of foods rich in Vitamin A and C needs to be increased.

Social Work Section

The staff of this Section has continued to provide direct social services in clinical programs of the Department and consultation services to personnel in local health and social agencies who are working directly with families having related health and social problems. In addition to providing these direct and

consultation services, the staff has been active in community planning in the area of health and social welfare by participating in Health and Welfare Councils and in programs of voluntary organizations.

Major emphasis continued to be in the field of maternal and child health, including crippled children. However, as an increasing number of communities are organizing services for the aging and the chronically ill, the Department's social workers are increasing their activities in this field. Many requests are received from a variety of sources for advice and assistance in planning home or institutional care for adults with chronic illnesses. The physically handicapped individual with good psychological and physical residual fares quite well in Massachusetts; there are ample rehabilitation resources for and interest in such patients. For the severely disabled individual, however, the situation is quite different; most communities, institutions and nursing homes have little to offer these individuals.

Civil Defense

During the fiscal year four Civil Defense Emergency Hospitals were added to those now in storage under the Prepositioning Program of Office of Civil and Defense Mobilization. These hospitals have been located in Merrimac, Georgetown, Sudbury and Sharon. The Commonwealth now has on hand 59 of these hospitals, seven of which are owned by the Commonwealth (subject to certain Federal restriction), having been obtained under the matching funds program.

There have been no additions to the medical stockpiles which are deplorably scant in view of the present international picture. Additional supplies are needed to meet the threat of thermonuclear warfare where casualty lists would run into hundreds of thousands within the Commonwealth. However, the Massachusetts Civil Defense Agency hopes that it will not be necessary to face this contingency.

Planning for disaster medical care demands careful attention; one natural disaster alone could create problems as great as a devastating disease of epidemic proportions. Many people pay too little attention to civil defense which is now an essential part of government, and on which the very life of an individual may depend. Civil defense is intended to encourage and not discourage; in the Medical Service civil defense is really disaster medical care tailored to fit a community, tailored to mutual aid if another community should be hit, and tailored to out-of-state aid.

The training programs of the Medical Service in the past year have been in general successful but public participation in our training program should be increased. It is desirable for every person to have first aid and home nursing training; the value of this has been demonstrated time and again in disasters, and local boards of health are urged to advance these programs.

Division of Maternal and Child Health

During the year emphasis has been on further reducing maternal, fetal and infant mortaility and morbidity through providing more adequate prenatal care to women with histories of complications of pregnancy; hospitalization or appropriate care at home at any time during pregnancy for women with complications; consultations from specialists for all pregnant women when needed; hospital care for small premature infants and for infants needing specialized care in units meeting the standards of the Department; and extension of home care programs.

The organization of classes for expectant parents has been stimulated and nurses have been trained in the conduct of such classes. Statistics show that 63 per cent of the maternity hospitals and visiting nurse associations have never conducted such classes, 14 per cent have discontinued them, and only 20 per cent still conduct them. The main reasons given for discontinuance of the classes were lack of interest on the part of parents and lack of personnel to conduct them.

The Maternal Mortality Study in cooperation with the Massachusetts Medical Society completed its sixth year. Plans are being made to distribute a report of the results of the study as a basis for standards for maternity care.

Since the birth weight is now reported on the birth certificate in Massachusetts it is possible to obtain information on birth weight for all neonatal deaths by matching the death certificate with the birth certificate. A study was begun on all neonatal deaths for 1958; this is the first neonatal mortality study undertaken by the Department.

Prematurity has continued to be the most important cause of death in the neonatal period. The Division of Maternal and Child Health has an active program in an attempt to reduce this mortality. Financial aid for hospital care was given for 109 premature infants.

A survey of child health services provided by local boards of health showed that approximately 50,000 children in Massachusetts attended Well Child Conferences.

As a part of the Child Growth and Development Program, 229 hard-of-hearing and deaf children received hearing aids. The nine rehabilitation centers for preschool hard-of-hearing and deaf children continued to operate at capacity.

Services for Crippled Children. During the year 4,667 children received care under this program. There were 1,160 new cases admitted to services, as follows: 718 orthopedic cases, 68 plastic surgery cases, 69 seizure cases, 67 chronic disease cases, 166 cardiac clinic cases, and 72 admitted for cardiac surgery. Since the beginning of this program in 1936, 18,323 children have received care.

The 12 orthopedic clinics held 196 sessions in the year; a total of 2,830 children made 5,149 visits to these clinics. These clinics are located in Brockton, Fall River, Gardner, Greenfield, Haverhill, Hyannis, Lowell, Lynn, Pittsfield, Salem, Springfield and Worcester.

Cardiac clinics were held weekly in Fitchburg and North Reading; at 93 clinic sessions 452 children made 685 visits to these clinics.

Plastic surgery clinics were conducted semi-monthly at Mount Auburn Hospital, Cambridge, and monthly at Mercy Hospital in Springfield. A total of 380 children made 586 visits to these clinics during the year.

During the year 606 orthopedic, plastic, cardiac, seizure and chronic disease cases were admitted to hospitals, including Lakeville and North Reading State Sanatoria. Under the chronic disease program 231 children received clinic care, 48 children hospital care, and drugs were supplied to 265 children.

The Division of Maternal and Child Health continued to give financial help to the Poison Information Center which has served a real purpose in the prevention of deaths from poisons in children. The Center gave consultation service to about 500 cases of poisoning each month.

BUREAU OF PREVENTIVE DISEASE CONTROL

Division of Cancer and Chronic Disease

Cancer Program. The statistical unit has continued to process not only the records of current admissions to the State-aided Cancer Clinics but the records of previously admitted cases. The plan has been to secure information on all treatments as well as other supplementary material on all of the earlier admissions and then to recode the data in accordance with the specifications of the End Results Evaluation Committee of the National Cancer Institute for those registries participating in the national evaluation of the end results of treatment for cancer.

The Tumor Diagnosis Service, which is a service offered to the physicians in the State for the diagnosis of surgical specimens and vaginal smears for medically indigent patients, increased by 11 in the calendar year 1959. The total number of surgical specimens was 15,337 and the vaginal specimens 51.

A new project has been initiated. Each year a series of statistical tables on the cases within each clinic will be prepared and sent to the chiefs of the cancer clinics. These tables will include the end results of treatment after five or more years as the data becomes available. Thus, the clinics will be aided in fulfilling a part of the minimum requirements for approval of registry and cancer clinical activities as defined by the American College of Surgeons. Initial tables for two clinics have already been prepared.

Geriatric Program. In 1960, in compliance with a directive of the Legislature with an appropriation of $25,000 for a pilot study of geriatric home care programs in various parts of the State, three areas were selected: Pittsfield, Newton and Cambridge. The Department agreed to aid in the financing of these three geriatric programs and allocated about $8,000 to each to be used in setting up a home care type program for the elderly citizens in the communities served by such a clinic.

All three programs got underway promptly and under the direction of the local health commissioners various committees were set up, coordinators were selected, and the facilities of each area were utilized in integrating this project to the best advantage for the needs of the elderly citizens. It is too early, at this time, to evaluate the study or to form any idea as to the best means of communication and service as portrayed by these three different home care programs.

A geriatric study by questionnaire in 1958-59 was coded. This study was composed mostly of people who were between 70 and 90; the youngest was 57, the oldest 94. Most were members of various groups, such as Golden Age Clubs, and, as expected, there were more women than men. Almost 90 per cent of those sampled

came from the four counties of Hampden, Berkshire, Suffolk and Worcester. Over 90 per cent had experienced some kind of formal education. Most were widowed, although 35 per cent had mates still living. Less than 10 per cent were employed and it was particularly interesting to note that about 50 per cent received less than $100 per month as income from all sources.

Concerning the desire of these individuals for better health services, the well oldster clinic, the most frequently mentioned item, was desired by 89 per cent, while 88 per cent would like an annual medical check-up, and 86 per cent favor a central rehabilitation center. Since nearly half of these questionnaires were filled out by the respondents in their homes rather than as the result of personal interviews, it is probable that their ideas concerning the scope of some of the services were nebulous. For example, only 48 per cent were interested in nursing assistance but 77 per cent favored expansion of visiting nurse services.

Cardiac Program. The eight cardiac clinics which are state-aided continued to expand and a request has been received for the reactivation of the clinic at the Lowell General Hospital. It is planned to obtain data from these clinics similar to that received from the cancer clinics and, in addition, data in the field of rehabilitation and work classification in order that a reservoir of information will be available for studies in this field.

A chronic disease registry has been started at the Lemuel Shattuck Hospital. The records from that facility have been made available to the Division of Cancer and Chronic Diseases for such study as may be indicated, and the material will be collected on a continuing basis for a period of years.

Division of Communicable Diseases

Not mentioned in last year's annual report was an outbreak of salmonellosis which occurred in a mental institution. Work toward preparing a paper (soon to be published in the New England Journal of Medicine) was still in progress at this time a year ago. This rather sharp outbreak, involving 104 cases with six deaths, was the third such mishap to occur at this institution within a period of two years.

An intensive epidemiological investigation was carried out. It was observed that eggnog, although not included on the menu, was being used as a dietary supplement. This was definitely established as the vehicle in the outbreak. The investigation was then carried to the flock from which the eggs were taken. The *Salmonella typhimurium* recovered from both patients and from hens and eggs was shown to be of the same phage type. One obvious recommendation for control of such outbreaks given at the time was that eggnog should not be used as a dietary supplement unless it has been pasteurized.

One hundred and fifty-seven cases of poliomyelitis, including 137 which were paralytic, were reported in Massachusetts during 1959. This was our largest number of cases since the killed-virus vaccine became generally available. It was also the largest concentration of cases due to Type III virus in the nation during the year. Ninety-six per cent of the polio virus isolations in this State were Type III, whereas the over-all figure for the United States for this type of the virus was only 9.5 per cent. An additional feature was that a high percentage (47 per cent) of the cases gave a history of having been given three or more doses of killed-virus vaccine. This is compared with a corresponding figure of 17 per cent for the country as a whole.

Cases were not especially concentrated in any area, nor did the virus show preference for any racial or socioeconomic group. Studies now in progress in the laboratory are aimed at determining possible antigenic variation between the Type III virus strain involved in these cases and that incorporated into the killed-virus vaccine.

A few minor outbreaks of influenza came to the attention of the Division during the early months of 1960. From one of these and from some sporadic cases the Asian strain (so-called) of Influenza A virus was isolated. The absenteeism of industrial workers throughout the winter months was quite unremarkable, at least as detected by our survey. School absenteeism generally was under 10 per cent. At times it was above this figure. Usually, however, such increases were explained in large part by bad weather or by the undue prevalence in the community of other illnesses such as german measles, measles, etc.

Earlier in the year recommendations concerning the prevention of influenza were given to the general public through news releases. They were essentially those given in non-epidemic years and stressed mainly the advisability of administering polyvalent vaccine to key groups such as policemen, firemen, nurses, etc.

The eastern encephalitis study was continued. Again personnel were provided to cooperate with the Field Laboratory of the United States Public Health Service in Taunton. No human or equine cases of the disease were reported. The only clear-cut evidence of virus activity in the State was an outbreak of the disease among pheasants in Dracut. Virus was recovered from this flock.

Evidence of previous infection (presence of antibodies) was obtained by examination of the blood from six birds and one cottontail rabbit. Completed laboratory tests on bloods collected during 1958 revealed antibodies in two species of bats. Another legislative report was printed by the General Court and authorization for continuance of the study was granted.

During the calendar year of 1959 there were 60,568 cases of communicable diseases reported to this Department. This represented a substantial decrease from the figure of 104,916 for 1958. Most

of the decrease was due to a drop off in cases of german measles, measles and mumps. However, cyclic declines in incidence are an integral feature of these diseases. Thus in the absence of an effective long-range and generally adopted immunizing agent against these diseases, such declines, even though marked, should not be given undue significance.

A sharp rise was noted in the figure for bacillary dysentery, with 568 and 133 cases being reported in 1959 and 1958 respectively. Four hundred and eighteen of these cases were in Boston residents, with most of the remainder being from the metropolitan area. No common vehicle like milk or water was incriminated. Person to person contact was considered to be all important here.

Record low levels in the State's history were established when only two cases of diphtheria and seven cases of typhoid fever were reported.

As already mentioned, there were 157 cases of poliomyelitis reported. This compares with a figure of 29 for 1958.

Division of Venereal Diseases

Syphilis continued its upward path in step-like fashion. The beginning increase was noted in 1951 and has continued up to the present time. The annual increase has been small but in the past ten years the total number of cases has doubled. For the year 1959 total syphilis increased by 8.9 per cent. Primary and secondary syphilis increased by 1.1 per cent; early latent syphilis decreased by 3.9 per cent, resulting in a decrease in infectious syphilis--primary, secondary, and early latent states--of 9.1 per cent. Late latent and late syphilis increased by 16.8 per cent, and reported congenital syphilis decreased by 3.9 per cent. Gonorrhea increased by 0.4 per cent.

Our records clearly indicate that organized and commercialized prostitution is not a major factor in our venereal disease problem since prostitutes were named as sex partners by 3.4 per cent of military patients and by 6.1 per cent of civilian male patients.

Our biggest source of venereal disease has been the pickup. Most of the patients with gonorrhea were single but most of the patients with syphilis were married. While the pickup remains as the biggest source of venereal disease, places of pickup are centered primarily around taverns, bars and restaurants. The home, hotels and automobiles in that descending order of frequency are the places of exposure.

The Division still continues the follow-up of all selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease. These patients may be examined by their private physician or the nearest State Cooperating Venereal Disease Clinic. These reports are evaluated and sent to the

Induction Board. Similarly, the Division receives reports from the military of men separated from the Armed Forces who need follow-up for these diseases.

Based on the successful experience of the past eight years, the interviewing of military patients in Massachusetts and their contacts has continued. This work is in addition to our contact investigation activities of all contacts of military patients in Massachusetts.

In the State Cooperating Venereal Disease Clinics 3,247 patients were examined; these represented a total of 23,819 clinic visits.

Plans for extending reciprocity arrangements insofar as the premarital examination law is concerned continue. At the present time out of the forty-three states which have such laws, Massachusetts will accept the certificates of thirty-eight. In return, twenty-three states have agreed to accept our premarital certificates when properly completed.

The Department has a very active training program, summarized as follows:

1. Lectures	Total 428 hours
Venereal Diseases	
a. Professional groups	391 hours
b. Non-professional groups	8 hours
Total	399 hours
Social Hygiene	
a. Professional groups	20 Hours
b. Non-professional groups	9 hours
Total	29 hours

Two courses in venereal diseases were given to physicians, one at the Boston City Hospital and the second at the Massachusetts General Hospital.

2. Orientation - Two individuals were given orientation training
3. Observation - Seventeen individuals were given observation training
4. Training - Eight individuals were given training instructions in venereal disease control.

In addition to the preventive and control activities, the Division is currently engaged in the following applied research studies:

1. Prenatal Syphilis Study Program
2. Serologic Study
3. Military Interviewing Program
4. Treponema Pallidum Immobilization Test Study
5. Reiter Protein Complement Fixation Test Study

6. Evaluation of the Sensivity of Gonorrhea to Penicillin
7. Cardiovascular Syphilis Study
8. Evaluation of Nursing Experience
9. Long-term Follow-up of Chronic Biologic False Positive Reactors.

Division of Dental Health

Preventive Services. For nine years this Division has followed closely the prevalence of tooth decay in school children in communities where the water supply has been fluoridated. The findings now leave no possibility of doubt but that the fluoridation of water supplies will continue to suppress this common disease of man by as much as two-thirds. The findings in Massachusetts are strikingly similar to the findings on this subject in other states in the United States. Several of the 24 communities now fluoridating in Massachusetts have offered this preventive procedure long enough to see in their younger school-age children its full benefits. State statute requires that cities and towns ascertain the will of the voters on this health measure before instituting it as a protective device; therefore, the Division of Dental Health has been placed in the role of a consultive resource for public questions on this subject.

Communities presently fluoridating their water supplies rely upon the Department for objective measurements of the yearly prevalence of dental caries in their school-age population. Statistical summaries of the findings were released to local boards of health and school health services for their information and evaluation.

Because of the demonstrated results with fluoridation in Massachusetts, attention has begun to focus on other methods of supplementing the childhood diet with fluorides where public water supplies do not exist. It is estimated that 25 per cent of the dentists of Massachusetts are now prescribing fluoride pills or drops as a supplement to the diet of their young patients. Many physicians are doing the same to the extent that this is becoming common practice. No measurements, however, are available of the potential public health effect of the procedure.

The use of fluoride solutions applied directly to the teeth of children has continued in several communities but this approach with present techniques continues to present problems of time, personnel and money.

Diagnostic Services. Our school health programs have as a basic objective the development of attitudes of the citizens of the community to understand better the susceptibility of school-age children to oral diseases, with emphasis placed on the necessity of the prevention of these diseases. Interpreting local needs, reviewing local programs and operating screening and referral devices form an important part of the Department's activity. Consultant services were given to the larger local dental programs and direct service was furnished to the smaller communities whose local resources cannot supply trained personnel.

Corrective Services. Public treatment facilities for the school-age child are commonly available in the communities of Massachusetts. Specialized treatment and rehabilitation facilities for the child with dento-facial deformities of a crippling nature are available. Through the coordinated efforts of this Department, the U. S. Children's Bureau and the New England Medical Center, 59 cases of this type were treated at the Center this year.

Training. Two major efforts were made by the Division to provide opportunities for professional improvement of dental personnel working at the local level of cities and towns in Massachusetts. During the year, 29 public health dentists from local community staffs completed a year's course of postgraduate dental public health training at the Harvard School of Dental Medicine. Fifty-one public health dental hygienists completed a training course designed by the Division and held at the Forsyth Dental Infirmary for Children.

Research and Study Projects. A major clinic research effort has been made in the field of dental caries prevention. Utilizing new information on the role of phosphates in dental tissue structure, a significantly large group of children has been treated this year and will be observed for some time to come. Working with the Research Department of Forsyth Infirmary for Children, the Department hopes to develop a preventive tool suitable for private dentists and public clinic use.

Studies have been made in fluoridating areas of dental caries in the deciduous dentition of pre-school children. These observations suggest that the pre-natal influence of dietary fluorides is greater than was first believed and further suggests other avenues of approach for dietary intake of fluorides for the control of tooth decay in the very young.

Radiation Control. A major effort to control radiation from dental sources in Massachusetts is under way. This cooperative, voluntary and educational program with the Massachusetts Dental Society has produced a sizable reduction in radiation in this, its second year of operation. It is now felt that one-third of the dental x-ray machines in Massachusetts are being operated well within full compliance with suggestions made by the National Committee on Radiation Protection and Measurements. The number of dentists unduly exposed to radiation as an occupational hazard has been sharply reduced.

Research in this field has been directed to two important and interesting objectives. It is felt that the testing of commercially available machines and available x-ray films has contributed to a better understanding by the profession of the possibilities of improved diagnosis. In cooperation with the Cancer Research Institute of the Deaconess Hospital the Department has started a long-range study of the longevity of dentists and their causes of death in relation to their unusual middle-range levels of radiation exposure coming from their routine use of x-ray machines. The

implications of this study are great for the results may help to identify threshold tolerance levels for man--an exceedingly important question in this era of the rapidly expanding use of the atom.

Division of Alcoholism

The concept of alcoholism as an illness susceptible to measures of control like other diseases is a fairly recent development. Concerted action is required to fight an illness which strikes five million people in the United States, of which an estimated 200,000 live in Massachusetts. With the passage of Chapter 418 in July, 1959, the office of the former commissioner on alcoholism was transferred to the Department of Public Health and merged with the Division of Alcoholism, thus consolidating the Commonwealth's programs in this field.

With the opening of a clinic at Boston City Hospital in January, 1960 the Department now has fifteen cooperating alcoholism clinics located in the out-patient departments of the following hospitals:

Peter Bent Brigham Hospital, Boston
Boston City Hospital, Boston
Brockton Hospital, Brockton
Burbank Hospital, Fitchburg
Cambridge City Hospital, Cambridge
Lawrence General Hospital, Lawrence
Lowell General Hospital, Lowell
Massachusetts General Hospital, Boston
New England Hospital, Roxbury
Pittsfield General Hospital, Pittsfield
Quincy Hospital, Quincy
St. Luke's Hospital, New Bedford
St. Vincent Hospital, Worcester
Springfield Municipal Hospital, Springfield
Washingtonian Hospital, Jamaica Plain.

From July, 1959 through June, 1960 these clinics admitted a total of 1,866 cases; of these 1,576 were new cases and 290 were readmissions. The total number of cases carried at the end of the fiscal year was 3,604.

While effective with persons who still retain family and job ties, clinic treatment has not provided a satisfactory solution to problems presented by homeless, indigent alcoholics. To provide treatment for this group, "half-way" houses to supply therapeutic environment for limited periods of time to allow alcoholics to find a job and develop a new pattern of living have been devised in some states and it is hoped that Massachusetts may be able to develop such a program in the near future.

The Department has launched an educational program to inform the public and professional groups of special diagnostic and treatment resources to aid alcoholics and their families.

Special emphasis has been placed on research since knowledge about alcoholism is still largely based on assumption rather than scientific fact; the causes of alcoholism are not fully understood and treatment techniques need revision. An investigation was made of 120 consecutive admissions to Massachusetts Correctional Institution at Bridgewater; this showed that although 40 per cent of the men had committed serious criminal acts in their lifetime only 17 per cent could now be considered as still potentially serious criminals. Information from the study has made it possible for the staff at Bridgewater to discriminate between inmates and to offer a less restrictive and more therapeutic program.

A study of 100 consecutive admissions to Massachusetts Correctional Institution at Framingham revealed that while only 48 per cent of the admissions are for drunkenness, another 25 per cent committed on other charges are, in fact, alcoholics, so that this has become primarily an institution for the care and treatment of alcoholics.

Research activities have been conducted in cooperation with the Peter Bent Brigham Hospital Alcoholism Clinic in studying the drinking patterns, attitudes toward alcohol, and family history in relation to drinking among the children and adolescents committed to the Youth Service Board. Other clinics are experimenting with new treatment techniques, utilizing drugs or applying new psychiatric and social case-work theories.

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities - Licensing Section

The overall purpose of the inspection and licensing program of the Department is to provide adequate standards of care in all licensed facilities. As of June 30, 1960 there were 192 hospitals and sanatoria with 26,354 beds licensed by the Department. This includes five new hospitals classed as school or college infirmaries, one chronic disease hospital and one general and chronic disease hospital licensed for the first time this year and providing 175 beds.

Higher standards in hospital schools of nursing resulted in the closing of two nursing schools. The lack of qualified nursing personnel continued but the higher standards will improve the calibre of nurses graduated by the average professional school. Two schools of nursing have received Federal assistance under the Hill-Burton program and it is expected that the additions provided will make it possible to enroll at least one hundred additional student nurses.

The Department's hospital inspectional staff has been available when outbreaks of staphylococcus or streptococcal infection occur; during this year an incidence of boric acid poisoning resulted in three infant deaths.

During the year 79 clinics and dispensaries were licensed.

On June 30, 1960 the State had a total of 688 licensed convalescent or nursing homes with a total of 19,165 beds. These figures represent an increase of 67 homes and 2,586 beds added this year.

In cooperation with the Massachusetts League of Nursing and the Public Health Service the Department has undertaken a survey of nursing needs and resources in Massachusetts. Data was collected on the number of nursing homes, availability of skilled nursing care, occupancy rate, service area and economic condition. To obtain information on nursing homes a questionnaire was sent to all licensed homes and 90 per cent responded; study of the replies re-emphasizes the need for additional professional nurses throughout the State.

As of June 30, 1960 there were 512 licensed rest homes in the State with a total of 8,276 beds. These figures represent a decrease of 38 homes and 444 beds. This decrease may be due in part to the recent increased rate of reimbursement in nursing homes which was not granted to rest homes. This may also account for the improvements in physical plants operated as nursing homes; such improvements have not been made in rest homes.

Other medical care facilities licensed by the Department include 32 city or town infirmaries with 1,872 beds. Fourteen public medical institutions were approved.

Hospital Survey and Construction Section

Since 1947 a total of 112 projects have received Federal aid under the Hospital Survey and Construction Program (Public Law 725) in the Commonwealth, amounting to $27,718,748 in Federal funds. In 1955, with the enactment of Public Law 482, additional funds were made abailable for the construction of diagnostic and treatment centers, rehabilitation centers, chronic disease hospitals, and nursing homes. Since then 24 projects have received a total of $2,932,701 in Federal funds. As in the previous years, the maximum grant for any one project was $300,000 under Public Law 725 and $50,000 under Public Law 482.

The demand for additional Federal funds both for additions and replacement of unacceptable facilities continued without abatement. It would appear that the need for Federal funds under this program will continue indefinitely. Many hospitals have received an initial grant and are making plans for a second grant. However, there are still a few almost completely unacceptable facilities which have not received aid and efforts are being continued to stimulate these hospitals to undertake building programs. Notwithstanding the fact that some 7,000 acute and chronic hospital beds have been built under the Federal construction program since 1948, the number of non-acceptable beds is still high due to the large number of substandard hospital buildings throughout the State.

In planning for general hospital construction, Massachusetts has been divided into 68 hospital service areas of which 4 are base areas, 46 intermediate areas and 18 rural areas. A base area ($4\frac{1}{2}$ beds per 1000) is an area containing a teaching hospital or a hospital which serves as a base hospital in a coordinated hospital system and is prepared to provide for every type of illness. An intermediate area (4 beds per 1000) is an area of at least 25,000 population which contains or will contain a hospital of 100 beds or more, and which would be suitable for use as a district hospital in a coordinated hospital system. A rural area ($2\frac{1}{2}$ beds per 1000) is any area no part of which is included in a base or intermediate area.

Of the 6,431 general hospital beds constructed under the program since 1948, 58 per cent were built in intermediate areas, 33 per cent in base areas, and 9 per cent in rural areas. Under projects approved in this fiscal year a total of 343 beds will be added.

To date five nursing home projects have been approved. Three of these have been completed, one being an addition to an existing nursing home which doubled its capacity, one a nursing home to be operated in close cooperation with a general hospital, and the third a new nursing home to replace an unacceptable facility.

BUREAU OF TUBERCULOSIS AND INSTITUTIONS

Division of Sanatoria and Institutions

The fiscal year ending June 30, 1960 was a significant year of self-survey, evaluation and appraisal of the tuberculosis control problem in the Commonwealth of Massachusetts. Efforts are being made to coordinate the various aspects of a tuberculosis control study. The study is composed of three parts - (1) statistical and financial, relating to two phases of the problem, hospitalization and control in the community; (2) epidemiological, organizational and social, including attitudes of various groups towards official and unofficial policies at state, county and city levels of government; (3) legislative, including revision of the laws pertaining to tuberculosis control and formulation of a set of standards for hospital treatment and out-patient care. A general advisory committee of state and local authorities has been formed to guide this study.

Various meetings have been held by this Division in the different areas of the state to fully acquaint local official and non-official agencies with the changing tuberculosis problem and the necessity of an improved tuberculosis control program. Plans for a more efficient and effective tuberculosis control program are being submitted by the superintendents of the county sanatoria, the Metropolitan Boston Health Officers Association, the Massachusetts Department of Public Health, and the Massachusetts Public Health Association. These various plans will form the basis for a final proposal to be introduced at the next session of the General Court.

The tentative proposed plan of the Massachusetts Department of Public Health is flexible and subject to change. It may possibly include shared financial responsibility between city and state. Cities would probably contract with the state for the care of their patients. A central administration policy is needed with a system of regional hospitals and out-patient clinic facilities; this would permit the state to close sanatoria not needed. A home care program needs to be developed, especially for children. Extensive drug therapy with free drugs should be administered by the state with a close follow-up of the patients. A centralization of case-finding activities is necessary for improved follow-up of patients. The voluntary agencies should be closely connected with the state plan so that they may promote the eventual tuberculosis control program.

An important initial step in the regionalization of service has been accomplished in Berkshire County. This county has contracted with the state for the hospitalization of its tuberculosis patients at the Westfield State Sanatorium. The contract provides for local out-patient clinic services to county residents in a

local health department. The clinic will function as the center of tuberculosis control for the entire county. A county public health nurse assigned to the staff will handle follow-up of cases in the county and render service to rural communities. This type of contract, including provisions for complete out-patient services, will be incorporated in future contracts.

An out-patient clinic for upper respiratory disorders has been proposed for the Eastern section of the state, financed by and under the jurisdiction of this Department. This clinic will be primarily concerned with tuberculosis but would serve also as a diagnostic facility for chronic respiratory disease problems for local physicians. If this type of clinic is successful, it is hoped that similar clinics could be established throughout the state, as chronic respiratory problems are of increasing importance due to the older age population.

At the close of the fiscal year legislation is pending which would transfer the Boston Sanatorium from the city of Boston to the Commonwealth, thus giving the state a sanatorium in the Metropolitan Boston area where 64 per cent of all new cases of tuberculosis reside. Greater efficiency in the operation of the state program would result; a higher medical standard could be maintained and great financial savings would accrue to the state by concentrating all state cases of tuberculosis in one hospital.

This Division actively assisted the Director of the Boston Sanatorium in establishment of a Half-Way House for the tuberculous alcoholic. This is the only facility for this type of patient in the country. Experimental programs for solving the problem of the tuberculous alcoholic were established at state, county and municipal sanatoria. At the state sanatoria the Division's staff worked with nursing groups to change the former attitude and feelings toward the tuberculous alcoholic. Group therapy with patients in solving their alcoholic problems was started at a county institution.

The death rate for tuberculosis, all forms, for 1958 was 6.3 per hundred thousand based on 314 deaths. The death rate for tuberculosis, all forms, for 1959 will not be available until the end of 1960. There were 1,515 newly reported cases for 1959 with a case rate of 30.4 per hundred thousand. The number and case rate are identical with the year 1958. From January 1 to December 31, 1959, there were 576 admissions of problem drinkers to all sanatoria exclusive of Federal and mental hospitals; 513 were males and 63 were females. Among the males the greatest number of problem drinkers appear in the forty-five to fifty-nine year age group. Problem drinkers among the females appear in the thirty-five to thirty-nine year age group. Two hundred thirty-five alcoholics or suspected alcoholics were classified as newly reported cases of tuberculosis during 1959. This class of patient constitutes

17 per cent of all newly reported cases of tuberculosis over the age of twenty. These figures were based on the alcoholic register where names of alcoholics or suspected alcoholics are obtained from admission reports of various sanatoria.

During the fiscal year 1959 to 1960, 82,611 people were Mantoux tuberculin tested. Of these, 1,982 were positive or twenty-four per cent. These figures include adults as well as school age children.

This Division cooperated with the United States Public Health Service in using PPD-s and the Battey antigen on a school and a community population. A combined test of PPD-s and Battey antigen was used on each person to indicate the prevalence of infection with atypical strains of tubercle bacilli and to determine the extent Battey reactions may be interfering with the interpretation of true reactors to tuberculin. Over 90 per cent of the school population participated and 2500 double tests were performed on people in the community.

In the tuberculosis case-finding program, 45,140 x-rays were taken during this period with concentration on penal institutions, mental hospitals, positive tuberculin reactors and their contacts in high incidence communities. The follow-up of x-ray findings revealed twenty-eight active cases of tuberculosis not previously known or under care.

Section 6 of Public Law 85-316 was extended by Congress on September 9, 1959 as Public Law 86-253. This law will expire on June 30, 1961. During the period of this report 164 people with pulmonary tuberculosis or suspected tuberculosis were admitted to Massachusetts and 256 with pulmonary fibrosis have been admitted.

Since the extension of Public Law 85-316 we have not had a great influx of patients from this source. The pulmonary fibrosis aliens have increased in this period. Aliens admitted under this law are closely supervised by this Division with periodic check-ups for a two-year period.

The x-ray program at the Rufus Dawes Memorial instituted by the Boston Tuberculosis Association was taken over by this Division during the year. During the year and a half this survey was under the auspices of the Tuberculosis Association a total of 1,281 x-rays were taken; 24 active cases were discovered among the number and placed under treatment. The program is designed to x-ray as many as possible of the men registered on a clinic evening. Since these are homeless men, the majority being skid row alcoholics, the expected yield of new cases will be high. This program will assist in compiling information in regard to the tuberculous alcoholic and the recalcitrant patient.

Since the passage of the recalcitrant law, 98 referrals have been made by local health authorities as possible recalcitrant

patients; 20 have been processed, and 8 have been committed to the Treatment Center. Many social and emotional problems have been observed in these recalcitrant patients referred to this Division. A new exhibit has been designed that explains the tuberculous alcoholic problem in Massachusetts. A new pamphlet entitled, "The Double Illness," has been distributed which explains the problems with the tuberculous alcoholic patient.

Lakeville State Sanatorium

The daily average patient population at this hospital was 200, which included 26 with tuberculosis, 7 poliomyelitis, 165 with crippling conditions, and 2 aging persons. The largest number of patients at any one time was 226, including 31 tuberculous, 10 poliomyelitis, 181 crippling conditions, and 3 aging persons.

There were 9,712 hospital days of treatment for tuberculous patients, or 1,789 less than last year; 2,868 days of treatment for poliomyelitis, or 875 less than last year; 60,412 days of treatment of crippling conditions, or 5,722 more than last year; and 565 days for aging persons, or 2,841 less than last year.

The various services of the Sanatorium were maintained more or less unchanged compared to the previous period. There was neither a marked increase nor a marked decrease in the admission or discharge rate. As anticipated, there was a further drop in tuberculous patients, 7 less being admitted than in the previous year. Six more polio patients were admitted and the number of admissions of patients with crippling conditions was about the same.

During the year plans were approved for the construction of a new hospital facility to replace the present hazardous buildings, and it is hoped construction will begin early next year.

North Reading State Sanatorium

There were 112 patients at this institution at the beginning of the year and 72 at the close.

There has been no change in the basic treatment of primary or reinfection type pulmonary tuberculosis in children. However, during the year more patients have been discharged under treatment than in previous years. These patients are discharged when assurance is given that medication will be continued as recommended by the specialist, that the patient will remain under close medical supervision during the critical years, and that the school physician is convinced that the discharged patient is non-infectious and able to mingle with other pupils even though under active chemotherapy.

Rutland State Sanatorium

At the beginning of the fiscal year this sanatorium had 169 tuberculosis patients and at the close of the year 152. The highest number at any one time was 185 and the lowest 147. The daily average number of tuberculosis patients was 168 (136 for males; 32 for females).

In the chronic disease section 29 patients were admitted and 16 discharged during the year. The daily average number of these patients was 19; the total hospital days was 1,256, with an average stay of 79 days. Should the present trend continue, it will probably be necessary to add another ward to the two already open for such patients. This prolonged illness program appears to be satisfactory to the patients and their relatives.

Westfield State Sanatorium

This Sanatorium celebrated its fiftieth year of service to western Massachusetts with appropriate exercises on June 15, 1960. Dr. Henry D. Chadwick, founder and first superintendent, was guest of honor.

The Sanatorium is composed of two parts: a tuberculosis service dating back to 1910 and a cancer service started in 1937. This year there were 146 admissions to the tuberculosis service as compared to 176 last year. The average stay this year was 225 days. There were 813 admissions to the cancer service, an increase of 96 over the previous year. The average stay was 16 days. There were 8 admissions to the new chronic disease service.

The cancer bed occupancy (64 per cent) shows the cumulative effect of the long held policy of not admitting patients for terminal nursing care. During the last half of the year this policy has been slowly eased in an attempt to give additional help to stricken families without denying a bed to any early and hopeful case. On the other hand, the tuberculosis occupancy (66 per cent) shows the general decline in incidence and the newer methods of treatment for this disease. With this decline in tuberculosis comes an increased demand for beds for other chronic diseases. The first chronic disease patient was admitted on January 15, 1960, with a diagnosis of non-tuberculous empyema. With the increase in chronic disease cases a physiotherapy unit must be equipped and staffed.

Pondville Hospital

There were 93 patients in the hospital on July 1, 1959. At the close of the year, June 30, 1960, there were 86. Of the 1,477 patients admitted during the year, 756 were new patients and 721 were readmissions. The smallest number of patients in the hospital on any one day was 69 and the largest number was 105. The average period of hospitalization was 23.1 days.

The waiting list reached an all-time high of 102. It is recommended that funds be made available for adequate staffing and equipment for Ward A to provide bed space for approximately 30 additional patients. Even though it has been possible to reduce the period of hospitalization for cancer cases in recent years, the length of time required to admit patients from a waiting list as large as the present one is too long and some patients may lose their opportunity for cure through this long delay.

Lemuel Shattuck Hospital

There were no additional beds opened during this fiscal year but an internal rearrangement enabled the Hospital to make more effective use of beds available. The rearrangement resulted in the establishment of a nursing unit for the care of paraplegics and quadraplegics, particularly female patients. It also provided additional beds for the general surgical service and arrangements for an intensive care unit on the surgical service.

There were 1,662 admissions as compared to 1,591 the previous year. There were 115,024 patient days as compared to the previous 109,804. The daily average population was 314 patients as compared to 300 last year. Out-patient visits numbered 12,010 as compared with the previous 10,332.

With the recruiting of graduate nurses from England and Ireland plans for better evening and night coverage evolved and there is every indication that expansion will take place in the near future.

Massachusetts Hospital School

This is a school with hospital facilities for the care and education of the mentally competent, physically handicapped children of the Commonwealth, where education and convalescence proceed together.

During the fiscal year 30 boys and 23 girls were admitted to the School. In the same period 16 boys and 20 girls were discharged. The highest number of patients at any time was 154; the average daily census was 121. During the ten month academic year the School has been operating at about peak capacity as it can only accommodate 160 patients.

The waiting list increased to 28 during the past year, the boys' list extending back three years and the girls' one year. Delay in admission of these boys and girls is, in some cases, a catastrophe, but the situation cannot be changed without expansion of facilities.

The School's curriculum is made up of the usual subjects and its high school diploma is recognized by the Department of Education. There are vocational courses which train the handicapped child to take his place in the commercial life of the community. School was in session 184 days. In addition, bedside teaching was conducted at Bradford Infirmary to an average of 32 student-patients.

Tewksbury Hospital

Records show that 2,826 patients were cared for in this Hospital in this fiscal year; 1,938 males and 888 females. This is a little lower than last year's number. The highest daily census was 1,385 on February 25, 1960; the lowest 1,204 on October 14, 1959; the daily average was 1,285.

Much has been accomplished to make the buildings fire safe, such as adding fire escapes, new wiring, fire doors and establishing a Fire Watch to patrol the grounds every night. There is a great need for new fireproof buildings. Four obsolete buildings formerly used for the care of tuberculous patients, and which were a fire hazard, have been razed.

The work of the Dental Department, the Pathological Laboratory and the X-ray Department continued as usual. The Industrial Department produced and repaired many articles used in the housekeeping of the institution as well as the binding and printing of papers, forms and cards. The Occupational Therapy Department under the supervision of four therapists taught the patients to make rugs, woodworking, furniture refinishing, radio repair, etc.

BUREAU OF INSTITUTE OF LABORATORIES

Division of Biologic Laboratories

Distribution of products has continued high throughout the year. Although monthly records for 1929 are no longer available for confirmation, it is probable that the distribution of smallpox vaccine during May, 1960 has been exceeded only by May of 1929 during the smallpox outbreak in Middleboro. Liberalization of the age limitations for eligibility for free polio vaccine has added materially to the distribution load.

Distribution of both tetanus toxoid and antitoxin were at the highest level. Similarly, distribution of smallpox vaccine continued at a high level. For the third successive year the distribution of tuberculin has been at an all time high.

It is felt that the somewhat lower distribution of diphtheria, tetanus and pertussis combined antigen was due in part to the newly introduced quadruple antigens. For the second successive year there was a low distribution of typhoid vaccine.

A new test has been developed for more quickly determining diphtheria and tetanus antitoxin levels. This inexpensive test can be utilized in clinical medicine, public health surveys, and for selecting suitable blood for fractionation for the purpose of preparing tetanus immune globulin for use in persons highly sensitive to horse serum and who should be passively immunized. With the increasing distribution of tetanus toxoid such demands should become less in the future; in fact, several products in high distribution will actively immunize against tetanus. Improvements continued in the Laboratory's method of producing a highly potent tetanus toxoid in a state of high purity.

Some preliminary work was done in the development of a vaccine to protect against H. influenzae which can cause a meningitis with a high fatality rate in young children.

In the Blood Processing Laboratory in the work on normal serum albumin 3,214.99 liters of State-owned plasma were fractionated. Dried material equivalent to 2,955 100 cc. vials was produced during the year. Although dried material equivalent to 41,314 2 cc. vials of immune serum globulin was produced, distribution supplies were exhausted several times during the year and some globulin was purchased. Efforts have been made to restrict the distribution of this expensive material to measles and hepatitis prophylaxis. There is continued interest in fibrinogen-free low globulin plasma, and 199 500 cc. units were produced this year.

Diagnostic Laboratory

This Laboratory performed tests on a total of 50,642 specimens in the Bacteriology Section and 4,703 in the Virology Section, making

a grand total of 55,345 specimens. This constitutes an increase of 20 per cent over the previous year, which itself showed an increase of 10 per cent over the year before.

There has been a continual increase in throat cultures, as a result of which it was necessary to have private physicians send much of their diagnostic streptococcus throat culture work to local, chiefly hospital, laboratories. If the fluorescent-antibody technique for which the Laboratory has been making arrangements proves as efficient and valuable for prompt diagnosis as has been predicted, the Laboratory may find itself called upon to swell its activities again in the streptococcal throat culture field.

The number of certificates issued in the voluntary laboratory approval program has continued to increase. This year 243 laboratories have been awarded certificates; this is an increase of 7 over the previous year and of 143 over 1946 when the program was started.

The number of laboratories approved for standard serological tests for syphilis has gradually increased from 23 in 1946 to 60 this year. A list of these laboratories is published each year in the New England Journal of Medicine since premarital and prenatal tests must by law be performed in approved laboratories.

Wassermann Laboratory. During the calendar year 1959 this Laboratory performed 484,674 tests, an increase of 16,069 over the previous year. A total of 49,405 specimens were tested for premarital purposes and 37,847 for prenatal purposes.

The intrastate evaluation of serologic tests for syphilis was conducted for 132 laboratories; 69 of these applied for approval to perform tests for blood donor purposes and 63 for approval of standard tests.

The Laboratory continued participation in the National Evaluation of Serologic Tests for Syphilis conducted by the Public Health Service. Qualitative and quantitative Hinton tests were performed on 200 matched samples of serum. In this evaluation the Laboratory obtained an excellent rating for sensitivity, specificity and reproducibility of tests.

The study in cooperation with the Division of Venereal Diseases on the use of the Reiter Protein Complement Fixation Test on specimens from patients who present diagnostic problems due to positive reagin tests was continued; this year 1,450 tests were performed in this study.

709 tests were performed on the 255 specimens that were examined for rabies. Six bats were examined this year. All of these specimens were found to be non-rabid.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

As has been the case in every year since World War II, the work load of the Division has increased during the year in all four major activities, viz., water supply, water pollution control, air pollution and radiological health, and community sanitation. The increased work load was accompanied by a decrease in personnel due to the rigid Federal grants which make no allowances for salary adjustments. Personnel shortage will make it necessary to curtail the activities of the Division unless additional funds are provided as requested in the current budget.

Water Supply. Public water supply systems in Massachusetts serve about 98.5 per cent of the total population of the State. Although rainfall during the year was in excess of normal, population movement and increased industrial activity have created a larger demand for water in certain localities. As a result there has been considerable activity in water supply development by many communities. Fluoridation of public water supplies has continued with little change since 1958-1959. The program of sampling all public water supplies for bacterial examination and chemical analysis has been continued, as has the research project on the removal of color from water by coagulation and sedimentation without filtration. Nematodes and leeches have been found in several public water supplies. While they have no sanitary significance, they are not desirable in water systems. The cross connection inspection program was continued, utilizing the services of two engineers full time.

Water Pollution Control. During the first half of the year high runoff due to above-normal rainfall resulted in good conditions in our streams. However, sub-normal rainfall during June, 1960 caused rapid deterioration in stream quality and numerous complaints regarding stream pollution have been investigated. Routine sampling of streams at 242 sampling stations has been continued during the warm months of the year, and special sampling programs have been instituted where required by local conditions. Upon request, the Division has examined the waters at bathing places and has advised local boards of health or associations of the suitability of such places for public bathing.

As of January 1, 1960, 22 municipalities with a total sewered population of 316,000 were discharging raw sewage into inland or tidal waters. During the year 19 communities, assisted financially by grants received under Public Law 660, installed or enlarged sewage treatment works. Routine examinations were made of sewage and industrial waste treatment plants, and short training courses for sewage treatment plant operators were conducted in the sanitary engineering districts.

Plans for small semi-public sewage treatment plants were reviewed and recommendations made or approval given in 225 instances. The number of requests for examinations of this type has increased due to the migration of population from sewered urban areas to suburbs which frequently have no sewerage system. The Division is cooperating in a research project on the efficiency and operation of complete aeration activated sludge plants.

Community Sanitation. Numerous examinations have been made and recommendations sent relative to the operation of refuse disposal areas. Under Section 150A of Chapter 111 of the General Laws, public hearings have been held on the operation of dumps in several municipalities. Miscellaneous nuisance complaints on subjects ranging from substandard housing to piggeries have been investigated, and remedial advice given to local boards of health. Food-handling establishments have been examined upon request in communities where local follow-up facilities are available and food-handler courses presented for restaurant workers in 23 cities and towns.

Under the camp sanitation program a total of 451 examinations were made of recreational camps, overnight cabins (motels) and trailer coach parks.

Air Pollution and Radiological Health. Three nuclear reactors were operating or went critical during the year. The establishment of these plants and the increasing use of radioactive materials in research, medicine and industry point up the urgent need to obtain qualified personnel and modern equipment and facilities in this field. The Division has continued to participate in the National Radiation Surveillance Network and has made surveys and investigations into the use and disposal of radioactive materials. These efforts have been hampered by lack of adequate numbers of qualified personnel and by lack of funds.

As has been the case in the field of radiological health, the activities of the Division in Air Pollution Control activities have been limited by budgetary considerations. The Division has participated in operation of the National Air Sampling Network, has conducted air pollution surveys and has investigated complaints of air pollution by dust, smoke, soot and odors. Regulations for the control of air pollution were drafted, adopted by the Public Health Council, and are awaiting approval by the Governor and Council.

Activities of the Division of Smoke Inspection have been continued; 250 complaints were received, investigated and settled to the satisfaction of the complainants.

Lawrence Experiment Station. The Lawrence Experiment Station serves both as a water, air and sewage laboratory and as a research institution. The Bacteriological Laboratory examines samples from public water supplies, semi-public water supplies, shellfish and overlying sea waters and bathing places. The Chemical Laboratory analyzes samples of water from public and semi-public supplies, streams, bathing places, and from sewage and industrial waste treatment plants. The air pollution-radiological health laboratory has made routine and special analyses in connection with the work of this section of the Division.

The research laboratory has continued its studies on methods of sewage and industrial waste treatment, on the membrane filter technic for the examination of water, on methodology in connection with the operation of aeration units.

Sanitary Code. Articles I and II of the proposed State Sanitary Code have been drafted and are awaiting approval by the Department. Preliminary drafts of Articles I and VI have been prepared but have not yet been heard at a public hearing.

BUREAU OF CONSUMER PRODUCTS PROTECTION

Division of Food and Drugs

For many years the Division of Foods and Drugs has had numerous responsibilities concerned with law enforcement assigned to it, including the laws pertaining to bedding and upholstery materials, economic poisons, corrosive and hazardous substances and insecticides as well as the many phases and ramifications of the food and drug industries. On recommendation of the Commissioner of Public Health, the Department in August, 1959 established the Bureau of Consumer Products Protection and subsequently appointed the Director of the Division of Food and Drugs as a Deputy Commissioner in charge of this Bureau.

The industrial revolution in food technology, which was initiated following World War II, continues to be a matter of very serious concern, particularly from the viewpoint of protection of the general public in connection with the manufacture of so many ready-to-eat foods.

An entirely new perspective has been brought into focus as a result of an unfortunate incident which concerned the cranberry crop. The prime lesson gained from this incident is that our methods of food and drug law-enforcement must be re-evaluated or else the various crops grown outside or within the Commonwealth will be jeopardized and placed in an area of suspicion and the confidence of the consuming public in these foods will be shaken. For example, just prior to the last Thanksgiving holiday season the United States Secretary of Health, Education and Welfare announced that the Federal Food and Drug Administration discovered that a weed killer known as aminotriazole had been found in the cranberry crops grown during certain years in the Oregon-Washington area and this aminotriazole was linked with thyroid cancer in mice. Under the circumstances, the Secretary issued a statement advising persons not to eat cranberries until such time as a testing program could be effectuated to prove that the cranberries were free from contamination. The unfortunate part of the announcement was that it condemned all cranberries, whereas those grown in Massachusetts were found to be free from aminotriazole. However, the consuming public's confidence in the product had been shaken and a calamity resulted. The Massachusetts cranberry industry suffered a tremendous loss in public confidence as well as a severe economic loss, all very unfortunate because, as a matter of fact, the Massachusetts crop was wholesome and had not been contaminated.

In the past a food and drug inspector would go into a market and, finding decomposed food, immediately destroy it. The public, of course, would not know of such finding and there would be no hysteria resulting on either a National or a State-wide level. This incident of the cranberries and the resulting publicity brought forcibly to mind the fact that no longer can we expect to carry out the protection of the public health by isolated seizures

and destruction of violative materials. It is now imperative, with the extremely toxic and dangerous chemicals being used in food processing and production, that an extensive "preventative" program be established.

Another general area of concern is control of the use of insecticides and pesticides in the vicinity or area where food is being grown.

The Bureau has also been carrying out a program in conjunction with enforcement of the law pertaining to the proper acquisition, care and treatment of animals for experimental purposes by scientific groups, hospitals and medical schools, and other research centers.

Routine duties concerned with regulating the milk and frozen dessert industries, the bedding and furniture industries; the soft drink industry, including carbonated beverages; the cold storage industry; the local slaughtering operations; and the Pandora's Box of problems arising from regulating hundreds of small bakeries and restaurants in the Commonwealth have continued. The Bureau's personnel is giving the citizens of Massachusetts all the protection possible with its extremely limited staffing.

The Division continued to cooperate with the Department of Agriculture in the milk law-enforcement program; with the Alcoholic Beverages Control Commission, the police departments, and the Department of Natural Resources, Law Enforcement and Marine Fisheries Divisions, by making analyses and supplying technical assistance.

The Department is presently concerned with important legislation that has to do with the proper labeling of insecticides, pesticides and hazardous chemicals. Hundreds of accidental poisonings result every year from highly toxic chemicals with which the general public now comes in contact. Proper labeling, stating the necessary precautions that should be observed in the use of these chemicals, a listing of poisonous ingredients contained therein, and a statement of first aid treatment, including antidotes, etc., would be required by the proposed legislation.

The Division has completed its work in the development of a Frozen Food Code, which sets up a comprehensive system for the handling, storage and distribution of frozen foods. This is now being printed and should be available by the first of October.

Respectfully submitted,

Alfred L. Frechette, M.D., M.P.H.
Commissioner of Public Health

Gordon M. Fair, B.S., Dr.Ing.

William H. Griffin, D.M.D.

Paul J. Jakmauh, M.D.

Hugh R. Leavell, M.D., Dr.P.H.

Raymond L. Mutter, B.S.

Charles F. Wilinsky, M.D.

Public Health Council